Case 19-21434-GLT Doc 19 Filed 05/13/19 Entered 05/13/19 19:49:46 Desc Main

|   |                          | 17/1/1111          |                 |                                      |
|---|--------------------------|--------------------|-----------------|--------------------------------------|
| Fill in this infor                      | rmation to identify your | case:              |                 |                                      |
| Debtor 1                                | Martin L. Veitz          |                    |                 |                                      |
|   | First Name               | Middle Name        | Last Name       |                                      |
| Debtor 2                                | Bonnie S. Veitz          |                    |                 |                                      |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name       |                                      |
| United States Bankruptcy Court for the: |                          | WESTERN DISTRICT ( | OF PENNSYLVANIA |                                      |
| Case number                             | 19-21434-GLT             |                    |                 |                                      |
| (if known)                              |                          |                    |                 | ☐ Check if this is an amended filing |

#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|      |  | Your a      | ssets<br>of what you own |
|------|--|-------------|--------------------------|
| 1.   | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 81,554.00                |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 54,953.71                |
|      | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 136,507.71               |
| Part | 2: Summarize Your Liabilities  |             |                          |
|      |  |             | abilities<br>t you owe   |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 75,632.67                |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                     |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 17,783.07                |
|      | Your total liabilities   | \$          | 93,415.74                |
| Part | 3: Summarize Your Income and Expenses  |             |                          |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 4,483.06                 |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,432.81                 |
| Part | 4: Answer These Questions for Administrative and Statistical Records   |             |                          |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                 |
| 7.   | ■ Yes What kind of debt do you have?   |             |                          |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | nersonal    | family or                |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Martin L. Veitz
Debtor 2 Bonnie S. Veitz Case number (if known) 19-21434-GLT

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,461.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tota | l claim |
|--|------|---------|
| From Part 4 on Schedule E/F, copy the following:   |      |         |
| 9a. Domestic support obligations (Copy line 6a.)   | \$   | 0.00    |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_  | 0.00    |
| 9d. Student loans. (Copy line 6f.)   | \$_  | 0.00    |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00    |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00    |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 0.00    |

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| Debtor 1  Debtor 2 (Spouse, if fi | s information to identify           |                        | ואכו              | cument Page 3 of 52  |                                      |             |   |
|-----------------------------------|-------------------------------------|------------------------|-------------------|--|--------------------------------------|-------------|---|
| Debtor 2                          |                                     | your case and th       |                   |  |                                      |             |   |
|                                   | Martin L. Ve                        | itz                    |                   |  |                                      |             |   |
|                                   | First Name                          | Middle                 | Name              | Last Name  |                                      |             |   |
| орочос, п п                       | Bonnie S. V                         | eitz<br>Middle         | Name              | Last Name  |                                      |             |   |
|                                   | 3,                                  |                        |                   |  |                                      |             |   |
| Jnited Sta                        | ates Bankruptcy Court for           | rthe: WESTERN          | DISTR             | ICT OF PENNSYLVANIA  |                                      |             |   |
| Case num                          | nber 19-21434-GLT                   |                        |                   |  |                                      |             | _   |
|                                   |                                     |                        |                   |  |                                      |             | amended filing                                |
|                                   |                                     |                        |                   |  |                                      |             |   |
| <u> Officia</u>                   | al Form 106A/E                      | 3                      |                   |  |                                      |             |   |
| Sche                              | dule A/B: P                         | ropertv                |                   |  |                                      |             | 12/15   |
|                                   |                                     |                        | an asset          | only once. If an asset fits in more than one   | category, list the                   | asset in th | e category where you                          |
| Part 1: D                         | escribe Each Residence, B           | uilding, Land, or Otl  | ner Real          | Estate You Own or Have an Interest In  |                                      |             |   |
| . Do you                          | own or have any legal or ed         | quitable interest in a | ny resid          | ence, building, land, or similar property?   |                                      |             |   |
| □ No. €                           | Go to Part 2.                       |                        |                   |  |                                      |             |   |
| ■ Yes                             | Where is the property?              |                        |                   |  |                                      |             |   |
|                                   | rinord to the property.             |                        |                   |  |                                      |             |   |
|                                   |                                     |                        |                   |  |                                      |             |   |
| 1.1                               |                                     |                        | What              | is the property? Check all that apply  |                                      |             |   |
|                                   | 2 6th Avenue                        |                        |                   | Single-family home   | Do not deduct se                     | cured clain | ns or exemptions. Put                         |
| Street                            | address, if available, or other des | scription              |                   | Duplex or multi-unit building  |                                      |             | claims on Schedule D:<br>Secured by Property. |
|                                   |                                     |                        |                   | Condominium or cooperative   |                                      |             | , , ,   |
|                                   |                                     |                        |                   | Manufactured or mobile home  |                                      |             |   |
| Kop                               | ppel PA                             | 16136-0000             |                   | Land   | Current value of<br>entire property? |             | Current value of the portion you own?         |
| City                              | State                               | ZIP Code               |                   | Investment property  | \$81,55                              | 4.00        | \$81,554.00                                   |
| ,                                 |                                     |                        |                   | Timeshare  | Describe the na                      | ture of you | ır ownership interest                         |
|                                   |                                     |                        | \<br>\<br>\<br>'' | Other  | (such as fee sim                     |             | cy by the entireties, o                       |
| ,                                 |                                     |                        | wno               | has an interest in the property? Check one Debtor 1 only                             | Joint tenant                         | anown.      |   |
| ·                                 |                                     |                        |                   | Debtor 2 only  |                                      |             |   |
| Bea                               | iver                                |                        |                   |  |                                      |             |   |
|                                   | -                                   |                        |                   | Debtor 1 and Debtor 2 only   |                                      |             |   |
| Bea                               | -                                   |                        |                   | Debtor 1 and Debtor 2 only  At least one of the debtors and another                  | ☐ Check if thi (see instruction      |             | unity property                                |
| Bea                               | -                                   |                        | ■<br>□<br>Other   | At least one of the debtors and another rinformation you wish to add about this item | (see instruction                     |             | unity property                                |
| Bea                               | -                                   |                        | Other             | At least one of the debtors and another  | (see instruction                     |             | unity property                                |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debte<br>Debte |                | lartin L. Ve<br>Sonnie S. V  |  |   | Case number (if know                | n) <b>19-</b> | 21434-GLT   |
|----------------|----------------|------------------------------|--|---|-------------------------------------|---------------|---|
| _              |                | trucks, trac                 | tors, sport utility ve                 | hicles, motorcycles   |                                     |               |   |
|                | No<br>Yes      |                              |  |   |                                     |               |   |
|                |                |                              |  |   |                                     |               |   |
| 3.1            | Make:          | Chevrole                     | et                                     | Who has an interest in the property? Check one  |                                     |               | laims or exemptions. Put ed claims on Schedule D:                                 |
|                | Model:         | Equinox                      |  | ■ Debtor 1 only   |                                     |               | ims Secured by Property.  |
|                | Year:          | 2010                         |  | Debtor 2 only   | Current value                       | of the        | Current value of the  |
|                |                | nate mileage:                | 123115                                 | Debtor 1 and Debtor 2 only  | entire property                     | ?             | portion you own?  |
|                |                | formation:                   | /DD com                                | At least one of the debtors and another   |                                     |               |   |
|                | value          | based on K                   | ABB.com                                | ☐ Check if this is community property (see instructions)  | \$5,7                               | 85.00         | \$5,785.00  |
| 3.2            | Make:          | Dodge                        |  | Who has an interest in the property? Check one  |                                     |               | laims or exemptions. Put  |
| J.Z            | Model:         | Journey                      |  | Debtor 1 only   |                                     |               | ed claims on Schedule D: ims Secured by Property.                                 |
|                | Year:          | 2018                         |  | Debtor 2 only   |                                     |               | , ,   |
|                |                | nate mileage:                | 11870                                  | Debtor 1 and Debtor 2 only  | Current value of<br>entire property |               | Current value of the portion you own?   |
|                |                | formation:                   |  | At least one of the debtors and another   |                                     |               |   |
|                | Value          | based on K                   | (BB.com                                |   |                                     |               |   |
|                |                |                              |  | ☐ Check if this is community property (see instructions)  | \$17,4                              | 25.00         | \$17,425.00   |
| 3.3            | Make:          | Dodge                        |  | Who has an interest in the property? Check one  |                                     |               | laims or exemptions. Put  |
|                | Model:         | Ram                          |  | ■ Debtor 1 only   |                                     |               | ed claims on Schedule D: ims Secured by Property.                                 |
|                | Year:          | 1994                         |  | Debtor 2 only   | Current value                       |               | Current value of the  |
|                | Approxir       | nate mileage:                | 150000                                 | Debtor 1 and Debtor 2 only  | entire property                     |               | portion you own?  |
|                | Other inf      | formation:                   |  | ☐ At least one of the debtors and another   |                                     |               |   |
|                | Value          | based on K                   | (BB.com                                | ☐ Check if this is community property (see instructions)  | \$1,1                               | 13.00         | \$1,113.00  |
| Exa            |                |                              |  | d other recreational vehicles, other vehicles tercraft, fishing vessels, snowmobiles, motorcycles |                                     |               |   |
|                |                |                              |  | n for all of your entries from Part 2, includin<br>that number here                               |                                     |               | \$24,323.00   |
| art 3          | B: Descri      | be Your Perso                | onal and Household Ite                 | ems   |                                     |               |   |
| о у            | ou own o       | or have any l                | egal or equitable in                   | terest in any of the following items?   |                                     |               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                | kamples:<br>No | goods and f<br>Major appliar | furnishings<br>nces, furniture, linens | , china, kitchenware  |                                     |               |   |
|                |                |                              | Di-i                                   | -l  | beeffer                             |               |   |
|                |                |                              | Dining room tak                        | ble and chairs (\$100), hutch (\$150), anti-  | que buffet                          |               | \$800.0   |

Official Form 106A/B Schedule A/B: Property page 2

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Martin L. Veitz Debtor 1 19-21434-GLT Debtor 2 **Bonnie S. Veitz** Case number (if known) Front room: sofa and loveseat (\$500), 2 end tables (\$100), cofee \$850.00 table (\$100), 2 lamps (\$50), TV stand (\$100) Kitchen: stove (\$300), refrigerator (\$150), microwave (\$50), small kitchen appliances (\$100), flatware, silverware and kitchen utensils \$620.00 (\$20) Sitting room: table with chairs (\$1,000), desk (\$50), freezer (\$100) \$1,150.00 Bedrooms: 2 beds (\$300), 5 dressers (\$150), chest (\$25), 2 lamps \$535.00 (\$30), , bedside table (\$10), TV stand (\$20) Washer and dryer \$200.00 \$1,000.00 Swimming pool in back yard 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV (\$400), TV (\$200), TV (\$100) not working computer (\$20), 2 cell \$920.00 phones (\$200) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No ■ Yes. Describe..... Fishing equipment \$1,000.00 **Hunting equipment** \$500.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... Guns and ammo \$1,000.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe.....

Yes. Describe

Official Form 106A/B

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| Debto<br>Debto   |  | e number (if known)     | 19-21434-GLT   |
|------------------|--|-------------------------|--|
|                  | Men's clothing and shoes   |                         | \$250.00   |
|                  | Women's clothing, shoes and accessories  |                         | \$500.00   |
| <i>E</i> .       | <b>ewelry</b> Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry No Yes. Describe  |                         | old, silver  |
|                  | Necklace (\$150), wedding ring (\$200), men's ring (\$100), cha (\$100), costume jewelry (\$100)   | ins                     | \$650.00   |
| <i>E</i> .       | Ion-farm animals  Examples: Dogs, cats, birds, horses  No  Yes. Describe   |                         |  |
|                  | Teacup chihuahua dog, mixed breed dog, 2 cats  |                         | \$100.00   |
| 15.              | Add the dollar value of all of your entries from Part 3, including any entries for pages you for Part 3. Write that number here  |                         | \$3,000.00<br>\$13,075.00  |
| Dort 4           | 4: Describe Your Financial Assets  | '                       |  |
| Part 4:<br>Do yo | ou own or have any legal or equitable interest in any of the following?  |                         | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                  | Eash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand wher  No  Yes  | n you file your petitio | on   |
|                  |  | Cash                    | \$50.00  |
| _E               | Deposits of money  Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit institutions. If you have multiple accounts with the same institution, list each.  No | unions, brokerage h     | nouses, and other similar  |
|                  | Yes  |                         |  |
|                  | 17.1. Checking WesBanco Bank   |                         | \$5.71   |

Official Form 106A/B Schedule A/B: Property page 4

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|     | ebtor 1<br>ebtor 2 | Martin L. Vei<br>Bonnie S. Ve             |  |   | Case number (if known)         | 19-21434-GLT   |
|-----|--------------------|---|--|---|--------------------------------|--|
| 18. | Exam               |   | or publicly traded stocks investment accounts with b       | rokerage firms, money market accou  | nts                            |  |
|     | ■ No<br>□ Yes.     |   | Institution or issue                                       | r name:   |                                |  |
| 19. |                    | oublicly traded stoventure                | ock and interests in incorp                                | porated and unincorporated busing   | esses, including an interes    | t in an LLC, partnership, and                                |
|     | ■ No               | venture                                   |  |   |                                |  |
|     | ☐ Yes.             | . Give specific info                      | ormation about them<br>Name of entity:                     |   | % of ownership:                |  |
|     | Nego               | tiable instruments                        | include personal checks, ca                                | otiable and non-negotiable instrur<br>ashiers' checks, promissory notes, an<br>ansfer to someone by signing or deli | nd money orders.               |  |
|     |                    | . Give specific info                      | rmation about them<br>Issuer name:                         |   |                                |  |
|     |                    | ment or pension<br>pples: Interests in II |  | 403(b), thrift savings accounts, or otl   | her pension or profit-sharing  | blans  |
|     | Yes.               | . List each accoun                        | t separately.  Type of account:                            | Institution name:   |                                |  |
|     |                    |   | Pension  | PennDOT pension, Deb<br>month   | tor receives \$1196 per        | Unknown  |
| 22. | Your               |   | d deposits you have made s                                 | so that you may continue service or u<br>, public utilities (electric, gas, water),                                 |                                | ies, or others   |
|     | _                  |   |  | Institution name or individua   | l:                             |  |
| 23. | Annui<br>■ No      | ties (A contract fo                       | r a periodic payment of mor                                | ney to you, either for life or for a numl   | ber of years)                  |  |
|     | ☐ Yes.             | Iss                                       | uer name and description.                                  |   |                                |  |
| 24. | 26 U.S             |   | n IRA, in an account in a 29A(b), and 529(b)(1).           | qualified ABLE program, or under  | a qualified state tuition pro  | gram.  |
|     | ■ No<br>□ Yes.     | Ins                                       | stitution name and description                             | on. Separately file the records of any  | interests.11 U.S.C. § 521(c):  |  |
| 25. | Trusts ■ No        | s, equitable or fut                       | ure interests in property (                                | other than anything listed in line 1  | ), and rights or powers exe    | rcisable for your benefit                                    |
|     | ☐ Yes.             | . Give specific info                      | ormation about them  |   |                                |  |
|     |                    |   |  | and other intellectual property<br>eds from royalties and licensing agre  | eements                        |  |
|     |                    | . Give specific info                      | ormation about them  |   |                                |  |
|     | Exam               |   | nd other general intangib<br>nits, exclusive licenses, coo | les<br>operative association holdings, liquor   | licenses, professional license | es   |
|     | ■ No<br>□ Yes.     | . Give specific info                      | ormation about them  |   |                                |  |
| M   | oney or            | property owed to                          | o you?   |   |                                | Current value of the portion you own?  Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 5

claims or exemptions.

Case 19-21434-GLT Doc 19 Filed 05/13/19 Entered 05/13/19 19:49:46 Desc Main Page 8 of 52 Document Debtor 1 Martin L. Veitz 19-21434-GLT Bonnie S. Veitz Case number (if known) Debtor 2 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ No ■ Yes. Give specific information.. Social Security Income for Debtor 2 in the amount of \$498 per Unknown month Social Security Income for Debtor 1 in the amount of \$1,169 Unknown per month 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Lincoln Heritage Funeral Advantage money is only paid for funeral expenses - Final Expense Life \$12.500.00 **Insurance Policy** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue □ No Yes. Describe each claim....... Potential consumer protection claims against Beaver County Dodge Chrysler Jeep Ram relating to the Debtor's purchase \$0.00 of a vehicle October 2018 Potential consumer protection claim against LVNV Funding, LLC and related parties for unlawful debt collection attempts made during this bankruptcy case. Debtors estimates the scheduled market value to include damages recoverable by

Official Form 106A/B Schedule A/B: Property page 6

the Debtors, but the scheduled value does not include

counsel fees and costs recoverable

pursuant to 15 U.S.C. 1692k(a)(3)

\$5,000.00

Case 19-21434-GLT Doc 19 Filed 05/13/19 Entered 05/13/19 19:49:46 Page 9 of 52 Document Debtor 1 Martin L. Veitz Case number (if known) 19-21434-GLT Debtor 2 **Bonnie S. Veitz** 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$17.555.71 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ...... \$81,554.00 Part 2: Total vehicles, line 5 \$24,323.00 57. Part 3: Total personal and household items, line 15 \$13,075.00 Part 4: Total financial assets, line 36 58. \$17,555.71 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

Official Form 106A/B Schedule A/B: Property page 7

\$54,953.71

Copy personal property total

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$54,953.71

\$136,507.71

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|   |                         | 1212111            |                 |                                      |
|---|-------------------------|--------------------|-----------------|--------------------------------------|
| Fill in this infor                      | mation to identify your | case:              |                 |                                      |
| Debtor 1                                | Martin L. Veitz         |                    |                 |                                      |
|   | First Name              | Middle Name        | Last Name       |                                      |
| Debtor 2                                | Bonnie S. Veitz         |                    |                 |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name       |                                      |
| United States Bankruptcy Court for the: |                         | WESTERN DISTRICT ( | OF PENNSYLVANIA |                                      |
| _                                       | 19-21434-GLT            |                    |                 |                                      |
| (if known)                              |                         |                    |                 | ☐ Check if this is an amended filing |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |   |                                      |     |   |                                    |  |  |  |
|--|---|--------------------------------------|-----|---|------------------------------------|--|--|--|
|  | ■ You are claiming federal exemptions. 11 U   | J.S.C. § 522(b)(2)                   |     |   |                                    |  |  |  |
| 2.   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.                      |                                      |     |   |                                    |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property                                  | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|  |   | Copy the value from<br>Schedule A/B  |     |   |                                    |  |  |  |
|  | 6402 6th Avenue Koppel, PA 16136<br>Beaver County   | \$81,554.00                          |     | \$33,663.00   | 11 U.S.C. § 522(d)(1)              |  |  |  |
|  | Estimate based on zillow.com Line from Schedule A/B: 1.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | 1994 Dodge Ram 150000 miles<br>Value based on KBB.com   | \$1,113.00                           |     | \$1,113.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |
|  | Line from Schedule A/B: 3.3   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Dining room table and chairs (\$100),<br>hutch (\$150), antique buffet (\$500),   | \$800.00                             |     | \$800.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | fake fireplace (\$50)<br>Line from Schedule A/B: 6.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Front room: sofa and loveseat (\$500), 2 end tables (\$100), cofee table  | \$850.00                             |     | \$850.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | (\$100), 2 lamps (\$50), TV stand (\$100)<br>Line from <i>Schedule A/B</i> : <b>6.2</b>                                 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Kitchen: stove (\$300), refrigerator (\$150), microwave (\$50), small   | \$620.00                             |     | \$620.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | kitchen appliances (\$100), flatware, silverware and kitchen utensils (\$20) Line from <i>Schedule A/B</i> : <b>6.3</b> |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

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Debtor 1 19-21434-GLT Bonnie S. Veitz Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Sitting room: table with chairs 11 U.S.C. § 522(d)(3) \$1,150.00 \$1,150.00 (\$1,000), desk (\$50), freezer (\$100) Line from Schedule A/B: 6.4 100% of fair market value, up to any applicable statutory limit Bedrooms: 2 beds (\$300), 5 dressers 11 U.S.C. § 522(d)(3) \$535.00 \$535.00 (\$150), chest (\$25), 2 lamps (\$30), П bedside table (\$10), TV stand (\$20) 100% of fair market value, up to Line from Schedule A/B: 6.5 any applicable statutory limit Washer and dryer 11 U.S.C. § 522(d)(3) \$200.00 \$200.00 Line from Schedule A/B: 6.6 100% of fair market value, up to any applicable statutory limit Swimming pool in back yard 11 U.S.C. § 522(d)(3) \$1.000.00 \$1,000.00 Line from Schedule A/B: 6.7 100% of fair market value, up to any applicable statutory limit TV (\$400), TV (\$200), TV (\$100) not 11 U.S.C. § 522(d)(3) \$920.00 \$920.00 working computer (\$20), 2 cell phones (\$200) 100% of fair market value, up to Line from Schedule A/B: 7.1 any applicable statutory limit Fishing equipment 11 U.S.C. § 522(d)(3) \$1,000.00 \$1.000.00 Line from Schedule A/B: 9.1 П 100% of fair market value, up to any applicable statutory limit **Hunting equipment** 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 Line from Schedule A/B: 9.2 100% of fair market value, up to any applicable statutory limit Guns and ammo 11 U.S.C. § 522(d)(3) \$1,000.00 \$1,000.00 Line from Schedule A/B: 10.1 100% of fair market value, up to any applicable statutory limit Men's clothing and shoes 11 U.S.C. § 522(d)(3) \$250.00 \$250.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Women's clothing, shoes and 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 accessories Line from Schedule A/B: 11.2 100% of fair market value, up to any applicable statutory limit Necklace (\$150), wedding ring (\$200), 11 U.S.C. § 522(d)(4) \$650.00 \$650.00 men's ring (\$100), chains (\$100), costume jewelry (\$100) 100% of fair market value, up to Line from Schedule A/B: 12.1 any applicable statutory limit

Martin L. Veitz

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| De | ebtor 2 Bonnie S. Veitz  |                 |  | Case number (if known)   | 19-21434-GLT                       |  |  |
|----|--|-----------------|--|--|------------------------------------|--|--|
|    | Brief description of the property and line on Schedule A/B that lists this property  | portion you own |  | ount of the exemption you claim eck only one box for each exemption.         | Specific laws that allow exemption |  |  |
|    | Teacup chihuahua dog, mixed breed dog, 2 cats Line from <i>Schedule A/B</i> : 13.1   | \$100.00        |  | \$100.00  100% of fair market value, up to any applicable statutory limit    | 11 U.S.C. § 522(d)(3)              |  |  |
|    | PAP sleep equpment, breathing machine Line from Schedule A/B: 14.1   | \$3,000.00      |  | \$3,000.00  100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(9)              |  |  |
|    | Cash Line from Schedule A/B: 16.1  | \$50.00         |  | \$50.00  100% of fair market value, up to any applicable statutory limit     | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Checking: WesBanco Bank Line from Schedule A/B: 17.1   | \$5.71          |  | \$5.71  100% of fair market value, up to any applicable statutory limit      | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Pension: PennDOT pension, Debtor receives \$1196 per month Line from Schedule A/B: 21.1  | Unknown         |  | \$0.00  100% of fair market value, up to any applicable statutory limit      | 11 U.S.C. § 522(d)(10)(E)          |  |  |
|    | Lincoln Heritage Funeral Advantage -<br>money is only paid for funeral<br>expenses - Final Expense Life<br>Insurance Policy<br>Line from Schedule A/B: 31.1  | \$12,500.00     |  | \$12,500.00  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |  |  |
|    | Potential consumer protection claim against LVNV Funding, LLC and related parties for unlawful debt collection attempts made during this bankruptcy case. Debtors estimates the scheduled market value to include damages recoverable by the Debtors, but the sc Line from Schedule A/B: 33.2              | \$5,000.00      |  | \$5,000.00  100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(5)              |  |  |
| 3. | Are you claiming a homestead exemption of more than \$170,350?  (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)  No  Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  No  Yes |                 |  |  |                                    |  |  |

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|--|---|--|--|-----------------------------|
| Fill in this information to identify you                 |   |  |  |                             |
| Debtor 1 Martin L. Veitz                                 |   |  |  |                             |
| First Name   | Middle Name Last Name   |  |  |                             |
| Debtor 2 (Spouse if, filing)  Bonnie S. Veitz First Name | Middle Name Last Name   |  |  |                             |
| United States Bankruptcy Court for the                   | : WESTERN DISTRICT OF PENNSYLVANIA  |  |  |                             |
| Case number 19-21434-GLT                                 |   |  |  | ***                         |
| (if known)   |   |  |  | if this is an<br>led filing |
| Official Form 106D<br>Schedule D: Creditors              | s Who Have Claims Secure  | d by Propert   | y  | 12/15                       |
|  | If two married people are filing together, both are ecout, number the entries, and attach it to this form. O  |  |  |                             |
| 1. Do any creditors have claims secured b                | y your property?  |  |  |                             |
| ☐ No. Check this box and submit t                        | his form to the court with your other schedules. Y  | ou have nothing else t                                 | o report on this form.                       |                             |
| ■ Yes. Fill in all of the information                    | below.  | -  |  |                             |
| Part 1: List All Secured Claims                          | 20.0  |  |  |                             |
|  | more than one accurred claim, list the ereditor concretely  | , Column A   | Column B                                     | Column C                    |
|  | more than one secured claim, list the creditor separately<br>s a particular claim, list the other creditors in Part 2. As<br>ical order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| (Claim 3) Santander<br>Consumer USA                      | Describe the property that secures the claim:   | \$20,676.67  | \$17,425.00                                  | \$3,251.67                  |
| Creditor's Name d/b/a Chrysler Capital P.O. Box 961275   | 2018 Dodge Journey 11870 miles<br>Value based on KBB.com  |  |  |                             |
| Fort Worth, TX<br>76161-1245                             | As of the date you file, the claim is: Check all that apply.  Contingent  |  |  |                             |
| Number, Street, City, State & Zip Code                   | ☐ Unliquidated ☐ Disputed   |  |  |                             |
| Who owes the debt? Check one.                            | Nature of lien. Check all that apply.   |  |  |                             |
| ☐ Debtor 1 only ☐ Debtor 2 only                          | An agreement you made (such as mortgage or sec<br>car loan)   | cured  |  |                             |
| ☐ Debtor 1 and Debtor 2 only                             | ☐ Statutory lien (such as tax lien, mechanic's lien)  |  |  |                             |
| ■ At least one of the debtors and another                | ☐ Judgment lien from a lawsuit  |  |  |                             |
| ☐ Check if this claim relates to a community debt        | Other (including a right to offset)   |  |  |                             |

Opened 07/18 Last Active

Date debt was incurred 2/22/19

Last 4 digits of account number

6611

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| Debtor 1       | =                                |                   |                   |   | Case r         | number (if known) | 19-21434-GLT |            |
|----------------|----------------------------------|-------------------|-------------------|---|----------------|-------------------|--------------|------------|
| <b>D</b> 1 4 0 | First Name                       | Middle N          | lame              | Last Name   |                |                   |              |            |
| Debtor 2       | Bonnie S. First Name             | Veitz<br>Middle N | lame              | Last Name   |                |                   |              |            |
|                | . not riamo                      | ·····auio ···     | iao               | <u> Last Hamo</u>                                       |                |                   |              |            |
|                | iicken Loans                     | s Inc.            | Describe the      | property that secures the cla                           | aim:           | \$47,891.00       | \$81,554.00  | \$0.00     |
| Cred           | ditor's Name                     |                   |                   | Avenue Koppel, PA 161                                   | 36             |                   |              |            |
|                |                                  |                   | Beaver Co         |   |                |                   |              |            |
|                |                                  | _                 |                   | based on zillow.com<br>te you file, the claim is: Check | all that       |                   |              |            |
|                | 2 Woodward                       |                   | apply.            | ce you me, the claim is. Check                          | ali tilat      |                   |              |            |
|                | troit, MI 482                    |                   | ☐ Continger       |   |                |                   |              |            |
| Num            | nber, Street, City, S            | tate & Zip Code   | Unliquidat        | ed  |                |                   |              |            |
| Who owe        | es the debt? C                   | heck one          | ☐ Disputed        | en. Check all that apply.                               |                |                   |              |            |
| ■ Debtor       |                                  |                   |                   | ment you made (such as mortga                           | age or secured |                   |              |            |
| ☐ Debtor       | •                                |                   | car loan)         | nem yeu made (eden de menge                             | .90 01 0000.00 |                   |              |            |
|                | r 1 and Debtor 2                 | only              | ☐ Statutory       | lien (such as tax lien, mechanic                        | 's lien)       |                   |              |            |
|                |                                  | tors and another  |                   | lien from a lawsuit                                     | 0              |                   |              |            |
|                | if this claim re                 |                   | _                 | luding a right to offset)                               |                |                   |              |            |
| comn           | nunity debt                      |                   |                   |   |                |                   |              |            |
|                |                                  | Opened            |                   |   |                |                   |              |            |
|                |                                  | 08/14 Last        |                   |   |                |                   |              |            |
|                |                                  | Active            |                   |   |                |                   |              |            |
| Date debt      | t was incurred                   | 3/01/19           | Last 4            | digits of account number                                | 1877           |                   |              |            |
|                |                                  |                   |                   |   |                |                   |              |            |
| 1/31           | ells Fargo De                    | ealer             | Dogariba tha      | property that secures the cla                           | nim.           | \$7,065.00        | \$5,785.00   | \$1,280.00 |
|                | rvices<br>ditor's Name           |                   |                   | rolet Equinox 123115                                    |                | Ψ1,000.00         | Ψο,ι σοίσο   | Ψ1,200.00  |
|                |                                  |                   | miles             | Violet Equiliox 123113                                  |                |                   |              |            |
| Δ+1            | tn: Bankrupt                     | cv                | Value bas         | ed on KBB.com   |                |                   |              |            |
|                | Box 19657                        | .cy               |                   | e you file, the claim is: Check                         | all that       |                   |              |            |
| _              | ine, CA 9262                     | 23                | apply.  Continger | nt  |                |                   |              |            |
| Num            | nber, Street, City, S            | tate & Zip Code   | Unliquidat        |   |                |                   |              |            |
|                |                                  |                   | ☐ Disputed        |   |                |                   |              |            |
| Who owe        | es the debt? C                   | heck one.         | Nature of lie     | en. Check all that apply.                               |                |                   |              |            |
| Debtor         | r 1 only                         |                   |                   | ment you made (such as mortga                           | age or secured |                   |              |            |
| ☐ Debtor       | r 2 only                         |                   | car loan)         |   |                |                   |              |            |
| _              | r 1 and Debtor 2                 | •                 |                   | lien (such as tax lien, mechanic                        | 's lien)       |                   |              |            |
| _              |                                  | tors and another  | _ ~               | lien from a lawsuit                                     |                |                   |              |            |
|                | cif this claim re<br>nunity debt | lates to a        | ☐ Other (inc      | luding a right to offset)                               |                |                   |              |            |
|                | -                                |                   |                   |   |                |                   |              |            |
|                |                                  | Opened            |                   |   |                |                   |              |            |
|                |                                  | 08/17 Last Active |                   |   |                |                   |              |            |
| Date debt      | t was incurred                   | 2/05/19           | Last 4            | digits of account number                                | 9830           |                   |              |            |
|                |                                  |                   | _                 |   |                |                   |              |            |
|                |                                  |                   |                   |   |                |                   |              |            |
| Add the        | dollar value of                  | your entries in C | olumn A on th     | is page. Write that number he                           | ere:           | \$75,632          | .67          |            |
| If this is     | s the last page of               | of your form, add | the dollar valu   | e totals from all pages.                                |                | \$75.632          | 67           |            |

#### Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Debto    | r 1 | 1 Martin L. Veitz      |                           |           | Case number (if known)               | 19-21434-GLT         | 3LT |
|----------|-----|------------------------|---------------------------|-----------|--------------------------------------|----------------------|-----|
|          |     | First Name             | Middle Name               | Last Name |                                      |                      |     |
| Debtor 2 |     | Bonnie S. Ve           | eitz                      |           |                                      |                      |     |
|          |     | First Name Middle Name |                           | Last Name |                                      |                      |     |
|          |     |                        |                           |           |                                      |                      |     |
|          |     |                        | t, City, State & Zip Code |           | On which line in Part 1 did you ente | er the creditor? 2.2 |     |
|          |     | icken Loans            |                           |           |                                      |                      |     |
|          | . • | 50 Woodward            |                           |           | Last 4 digits of account number      | -                    |     |
|          | Det | troit, MI 4822         | 6                         |           |                                      |                      |     |
| П        |     |                        |                           |           |                                      |                      |     |
|          |     |                        | t, City, State & Zip Code |           | On which line in Part 1 did you ente | er the creditor? 2.3 |     |
|          |     | Ils Fargo Dea          | aler Services             |           |                                      |                      |     |
|          |     | Box 1697               |                           |           | Last 4 digits of account number      | -                    |     |
|          | Wii | nterville, NC          | 28590                     |           |                                      |                      |     |

| Ca   | Se 19-21434-GLT   |  | iment Page 16 of !   | 20<br>1 02/13/18 18   | .49.46 D   | esc Main  |
|--|---|--|--|---|--|---|
| Fill in this in  | nformation to identify your ca  |  | mem Paue 10 or:  | 17  |  |   |
|  | • • •   |  |  |   |  |   |
| Debtor 1   | Martin L. Veitz First Name  | Middle Name  | Last Name  |   |  |   |
| Debtor 2   | Bonnie S. Veitz   |  |  |   |  |   |
| (Spouse if, filing)  |   | Middle Name  | Last Name  |   |  |   |
| United States  | s Bankruptcy Court for the:   | WESTERN DISTR  | ICT OF PENNSYLVANIA  |   |  |   |
| Case numbe   | 19-21434-GLT  |  |  |   | □ Cho  | ook if this is an   |
| (II KIIOWII)   |   |  |  |   | _  | eck if this is an<br>ended filing                                 |
| Schedule Be as complete any executory Schedule G: E: Schedule D: Ci left. Attach the | contracts or unexpired leases th<br>xecutory Contracts and Unexpire<br>reditors Who Have Claims Secure<br>Continuation Page to this page. | Part 1 for creditors vat could result in a led Leases (Official Fed by Property. If me | with PRIORITY claims and Part 2 fo<br>claim. Also list executory contract<br>orm 106G). Do not include any cre<br>ore space is needed, copy the Part<br>mation to report in a Part, do not f | ts on Schedule A/B: F<br>editors with partially s<br>t you need, fill it out, I | Property (Official<br>secured claims the<br>number the entrice | Form 106A/B) and on<br>at are listed in<br>es in the boxes on the |
|  | e number (if known).<br>st All of Your PRIORITY Unse  | acured Claims  |  |   |  |   |
|  | editors have priority unsecured of  |  |  |   |  |   |
| □ No. Go   | • •   | ciaiiiis agaiiist you:   |  |   |  |   |
| Yes.   | o to Fait 2.  |  |  |   |  |   |
| 2. List all of identify who possible, li   | nat type of claim it is. If a claim has I   | both priority and nong<br>according to the credi                                       | than one priority unsecured claim, lis<br>priority amounts, list that claim here a<br>tor's name. If you have more than tw<br>her creditors in Part 3.                                       | and show both priority a  | and nonpriority amo  | ounts. As much as   |
| (For an ex   | planation of each type of claim, see  | e the instructions for t   | his form in the instruction booklet.)  | Total claim   | Priority<br>amount   | Nonpriority amount  |
| 2.1 Inte   | rnal Revenue Service  | Last 4 di  | gits of account number   | \$0.00  | \$0.   |   |
| PO I   | ty Creditor's Name<br>Box 7346  |  | s the debt incurred?   | _ · · · · · · · · · · · · · · · · · · ·   |  | · · · · · · · · · · · · · · · · · · ·                             |
|  | adelphia, PA 19101-7346<br>per Street City State Zip Code   | As of the  | date you file, the claim is: Check a   | all that apply  |  |   |
|  | urred the debt? Check one.  |  | •  | ян инастарріу   |  |   |
| ☐ Debto  |   | ☐ Contir   | ŭ  |   |  |   |
| ☐ Debto  | •   | ☐ Unliqu   |  |   |  |   |
| _  | •   | ☐ Disput   |  |   |  |   |
| ■ Debto  | or 1 and Debtor 2 only  | <u></u> '  | PRIORITY unsecured claim:  |   |  |   |
| ☐ At lea   | ast one of the debtors and another  | ☐ Dome   | stic support obligations   |   |  |   |
| ☐ Chec   | k if this claim is for a community  | y debt Taxes   | and certain other debts you owe the  | government  |  |   |
| Is the cla   | aim subject to offset?  | ☐ Claims   | s for death or personal injury while yo  | ou were intoxicated   |  |   |
| ■ No   |   | ☐ Other.   | Specify  |   |  |   |
| ☐ Yes  |   |  | Notice only  |   |  | _   |

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| Debto<br>Debto | r 1 Martin L. Veitz r 2 Bonnie S. Veitz  |   | Case number (if known)         | 19-21434-0       | 3LT                    |        |
|----------------|--|---|--------------------------------|------------------|------------------------|--------|
| 2.2            | Pennsylvania Department of Revenue   | Last 4 digits of account number   | \$0.00                         | \$               | 60.00                  | \$0.00 |
|                | Priority Creditor's Name  Bankruptcy/Collection Unit  10th Floor Strawberry Square  4th & Walnut Streets   | When was the debt incurred?   |                                | -                |                        |        |
|                | Harrisburg, PA 17128  Number Street City State Zip Code  | As of the date you file, the claim is:  | Check all that apply           |                  |                        |        |
| V              | Who incurred the debt? Check one.  | ☐ Contingent  |                                |                  |                        |        |
|                | Debtor 1 only  | ☐ Unliquidated  |                                |                  |                        |        |
| [              | ☐ Debtor 2 only  | ☐ Disputed  |                                |                  |                        |        |
|                | Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim:   |                                |                  |                        |        |
|                | ☐ At least one of the debtors and another  | ☐ Domestic support obligations  |                                |                  |                        |        |
| _              | ☐ Check if this claim is for a community debt  | Taxes and certain other debts you   | owe the government             |                  |                        |        |
|                | s the claim subject to offset?   | ☐ Claims for death or personal injury   | <del>-</del>                   |                  |                        |        |
| I              | No   | ☐ Other. Specify  |                                |                  |                        |        |
|                | ☐Yes   | Notice only   |                                |                  |                        |        |
| Part 2         | List All of Your NONPRIORITY Unsecu  |   |                                |                  |                        |        |
| 4. Lis         | No. You have nothing to report in this part. Submit to Yes.  st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other | alphabetical order of the creditor who<br>aim. For each claim listed, identify what t | holds each claim. If a credit  | aims already inc | cluded in Part 1. If m |        |
| Pa             | art 2.   |   |                                |                  | Total claim            |        |
| 4.1            | (Claim 1) I VMV Funding I I C  | Last 4 digits of account number   | 6402                           |                  | \$1,92                 | 26.07  |
| 4.1            | (Claim 1) LVNV Funding LLC Nonpriority Creditor's Name   | Last 4 digits of account number   | 0402                           |                  | <b>\$1,92</b>          | 10.07  |
|                | PO Box 10497   | When was the debt incurred?   | Opened 05/16                   |                  | _                      |        |
|                | Greenville, SC 29603  Number Street City State Zip Code  | As of the date you file, the claim i  | s: Check all that apply        |                  |                        |        |
|                | Who incurred the debt? Check one.  | ,   |                                |                  |                        |        |
|                | Debtor 1 only  | ☐ Contingent  |                                |                  |                        |        |
|                | Debtor 2 only  | ☐ Unliquidated  |                                |                  |                        |        |
|                | ☐ Debtor 1 and Debtor 2 only   | ■ Disputed  |                                |                  |                        |        |
|                | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | l claim:                       |                  |                        |        |
|                | $\square$ Check if this claim is for a community   | ☐ Student loans   |                                |                  |                        |        |
|                | debt Is the claim subject to offset?   | Obligations arising out of a sepa report as priority claims                           | ration agreement or divorce th | nat you did not  |                        |        |
|                | No   | Debts to pension or profit-sharin   | g plans, and other similar deb | ts               |                        |        |
|                | Yes  | Other. Specify Amount dis   | = :                            |                  |                        |        |
|                |  | Culot. Opcomy   | <u> </u>                       |                  | -                      |        |

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| Debtor | 2 Bonnie S. Veitz   |   | Case number (if known)        | 19-21434-GLT     |             |
|--------|---|---|-------------------------------|------------------|-------------|
| 4.2    | (Claim 2) OneMain Financial   | Last 4 digits of account number                                 | 1298                          |                  | \$6,607.00  |
|        | Nonpriority Creditor's Name Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708 | When was the debt incurred?                                     | Opened 05/18 Las<br>3/04/19   | t Active         |             |
|        | Number Street City State Zip Code Who incurred the debt? Check one.                 | As of the date you file, the claim                              | is: Check all that apply      |                  |             |
|        | ■ Debtor 1 only   | ☐ Contingent  |                               |                  |             |
|        | Debtor 2 only   | ☐ Unliquidated  |                               |                  |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                               |                  |             |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                    | d claim:                      |                  |             |
|        | $\square$ Check if this claim is for a community debt                               | ☐ Student loans ☐ Obligations arising out of a separations.     | aration agreement or divorce  | that you did not |             |
|        | Is the claim subject to offset?   | report as priority claims                                       |                               |                  |             |
|        | No  | Debts to pension or profit-sharing                              | ng plans, and other similar d | ebts             |             |
|        | Yes   | Other. Specify Unsecured  |                               |                  |             |
| 4.3    | Capital Accounts Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 5960                          |                  | \$179.00    |
|        | PO Box 140065<br>Nashville, TN 37214  | When was the debt incurred?                                     | Opened 07/18                  |                  |             |
|        | Number Street City State Zip Code   | As of the date you file, the claim                              | is: Check all that apply      |                  |             |
|        | Who incurred the debt? Check one.   |   |                               |                  |             |
|        | Debtor 1 only   | Contingent  |                               |                  |             |
|        | Debtor 2 only   | ☐ Unliquidated  |                               |                  |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                               |                  |             |
|        | At least one of the debtors and another   | Type of NONPRIORITY unsecure                                    | d claim:                      |                  |             |
|        | ☐ Check if this claim is for a community debt                                       | ☐ Student loans   |                               |                  |             |
|        | Is the claim subject to offset?   | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce  | that you did not |             |
|        | ■ No  | Debts to pension or profit-sharing                              | ng plans, and other similar d | ebts             |             |
|        | Yes   | Other. Specify Collection                                       | Attorney Family Eye           | Care             |             |
| 4.4    | Capital One   | Last 4 digits of account number                                 | 6263                          |                  | \$456.00    |
|        | Nonpriority Creditor's Name   |   |                               |                  | <del></del> |
|        | Attn: General<br>Correspondence/Bankruptcy<br>PO Box 30285                          | When was the debt incurred?                                     | Opened 02/17 Las<br>3/05/19   | t Active         |             |
|        | Salt Lake City, UT 84130  Number Street City State Zip Code                         | As of the date you file, the claim                              | is: Check all that apply      |                  |             |
|        | Who incurred the debt? Check one.   |   |                               |                  |             |
|        | ■ Debtor 1 only   | ☐ Contingent  |                               |                  |             |
|        | Debtor 2 only   | ☐ Unliquidated  |                               |                  |             |
|        | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                               |                  |             |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                    | d claim:                      |                  |             |
|        | Check if this claim is for a community  | ☐ Student loans   |                               |                  |             |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce  | that you did not |             |
|        | No  | Debts to pension or profit-shari                                | ng plans, and other similar d | ebts             |             |
|        | □Yes  |   |                               |                  |             |
|        | LI TES  | Other. Specify Credit Care                                      | <i>A</i>                      |                  |             |

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| Debtor | Bonnie S. Veitz  |   | Case number (if known) 19-21434-             | GLT      |
|--------|--|---|--|----------|
| 4.5    | Citibank/The Home Depot  | Last 4 digits of account number                     | 0166   | \$493.00 |
|        | Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy PO Box 790034          | When was the debt incurred?                         | Opened 02/18 Last Active 2/05/19             | _        |
|        | St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                  | s: Check all that apply                      |          |
|        | ☐ Debtor 1 only  | ☐ Contingent  |  |          |
|        | Debtor 2 only  | ☐ Unliquidated                                      |  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                        | d claim:                                     |          |
|        | ☐ Check if this claim is for a community   | ☐ Student loans                                     |  |          |
|        | debt Is the claim subject to offset?   | report as priority claims                           | ration agreement or divorce that you did not |          |
|        | ■ No   | Debts to pension or profit-sharing                  | g plans, and other similar debts             |          |
|        | Yes  | Other. Specify Charge Acc                           | count  | _        |
| 4.6    | Eastern Revenue Inc Nonpriority Creditor's Name  | Last 4 digits of account number                     | 2828   | \$135.00 |
|        | Attn: Bankruptcy Dept.<br>601 Dresher Rd. Suite 301<br>Horsham, PA 19044                 | When was the debt incurred?                         | Opened 10/16                                 | _        |
|        | Number Street City State Zip Code  | As of the date you file, the claim                  | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.  |   |  |          |
|        | ■ Debtor 1 only  | ☐ Contingent  |  |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated                                      |  |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |          |
|        | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                        | d claim:                                     |          |
|        | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not |          |
|        | Is the claim subject to offset?  | report as priority claims                           |  |          |
|        | No   | Debts to pension or profit-sharing                  | <b>01</b> ,                                  |          |
|        | Yes  | Other. Specify  Collection Associate                | Attorney Brighton Radiology                  | _        |
| 4.7    | ERC/Enhanced Recovery Corp  Nonpriority Creditor's Name                                  | Last 4 digits of account number                     | 6195   | \$629.00 |
|        | Attn: Bankruptcy<br>8014 Bayberry Road   | When was the debt incurred?                         | Opened 08/18                                 | _        |
|        | Jacksonville, FL 32256  Number Street City State Zip Code                                | As of the date you file, the claim                  | s: Check all that apply                      |          |
|        | Who incurred the debt? Check one.  | _   |  |          |
|        | Debtor 1 only  | Contingent  |  |          |
|        | Debtor 2 only  | ☐ Unliquidated                                      |  |          |
|        | Debtor 1 and Debtor 2 only   | Disputed  | d alatas                                     |          |
|        | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans      | o ciaim:                                     |          |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?            | _   | ration agreement or divorce that you did not |          |
|        | No   | Debts to pension or profit-sharir                   | g plans, and other similar debts             |          |
|        | □ Yes  | ·   | •  |          |
|        | □ res  | ■ Other. Specify Collection                         | ниотпеу эргин                                | _        |

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|     | 7   |   | Case number (if known)         | 19-21434-GLT     |            |
|-----|---|---|--------------------------------|------------------|------------|
| 4.0 | Financhit   | Look A digita of account number   | 0003                           |                  | ¢4 057 00  |
| 4.8 | Fingerhut Nonpriority Creditor's Name   | Last 4 digits of account number   | 0893                           |                  | \$1,057.00 |
|     | Attn: Bankruptcy<br>PO Box 1250   | When was the debt incurred?   | Opened 06/18 Last 3/05/19      | Active           |            |
|     | Saint Cloud, MN 56395  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply       |                  |            |
|     | Debtor 1 only   | ☐ Contingent  |                                |                  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |                                |                  |            |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                |                  |            |
|     | At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                       |                  |            |
|     | _   | ☐ Student loans   |                                |                  |            |
|     | ☐ Check if this claim is for a community debt Is the claim subject to offset?               | ☐ Obligations arising out of a separeport as priority claims                | aration agreement or divorce   | that you did not |            |
|     | ■ No  | Debts to pension or profit-sharir   | ng plans, and other similar de | bts              |            |
|     | Yes   | ■ Other. Specify Charge Ac  |                                |                  |            |
|     |   |   |                                |                  |            |
| 4.9 | Fingerhut Nonpriority Creditor's Name   | Last 4 digits of account number   | 1278                           |                  | \$285.00   |
|     | Attn: Bankruptcy<br>PO Box 1250<br>Saint Cloud, MN 56395                                    | When was the debt incurred?   | Opened 11/17 Last 3/05/19      | Active           |            |
|     | Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply       |                  |            |
|     | Who incurred the debt? Check one.   |   |                                |                  |            |
|     | Debtor 1 only   | ☐ Contingent  |                                |                  |            |
|     | ☐ Debtor 2 only   | ☐ Unliquidated  |                                |                  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                |                  |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                       |                  |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |                                |                  |            |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims                  | aration agreement or divorce   | that you did not |            |
|     | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts |                                |                  |            |
|     | Yes   | ■ Other. Specify Charge Ac  | count                          |                  |            |
| 4.1 | Merrick Bank  | Last 4 digits of account number   | 3383                           |                  | \$1,208.00 |
|     | Nonpriority Creditor's Name PO Box 9201   | When was the debt incurred?   | Opened 07/18 Last 3/05/19      | Active           |            |
|     | Old Bethpage, NY 11804  Number Street City State Zip Code                                   | _ As of the date you file, the claim  | is: Chaok all that apply       |                  |            |
|     | Who incurred the debt? Check one.   | As of the date you me, the claim  | is. Offect all that apply      |                  |            |
|     | Debtor 1 only   | ☐ Contingent  |                                |                  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |                                |                  |            |
|     | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                |                  |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure  | d claim:                       |                  |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |                                |                  |            |
|     | debt  | ☐ Obligations arising out of a sepa   | aration agreement or divorce   | that you did not |            |
|     | Is the claim subject to offset?   | report as priority claims   |                                |                  |            |
|     | No  | ☐ Debts to pension or profit-sharir   |                                | bts              |            |
|     | Yes   | Other. Specify Credit Card  | tt                             |                  |            |

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|     | 2 Bonnie S. Veitz  |  | Case number (if known)                  | 19-21434-GLT     |          |
|-----|--|--|---|------------------|----------|
| 4.1 | Midnight Velvet  | Last 4 digits of account number                              | 1290                                    |                  | \$322.00 |
|     | Nonpriority Creditor's Name Attn: Bankruptcy                         |  | Opened 03/15 Las                        | t Active         | <u> </u> |
|     | 1112 7th Avenue<br>Monroe, WI 53566                                  | When was the debt incurred?                                  | 2/27/17                                 |                  |          |
|     | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                |                  |          |
|     | ☐ Debtor 1 only  | ☐ Contingent   |   |                  |          |
|     | ■ Debtor 2 only  | ☐ Unliquidated   |   |                  |          |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                  |          |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                |                  |          |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                  |          |
|     | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce            | that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar de          | ebts             |          |
|     | Yes  | Other. Specify Charge Ac                                     | count                                   |                  |          |
| 4.1 | National Hospital Collections  Nonpriority Creditor's Name           | Last 4 digits of account number                              | 1601                                    |                  | \$100.00 |
|     | 16 Distributor Drive, Suite 2 Morgantown, WV 26501-9920              | When was the debt incurred?                                  | Opened 07/18                            |                  |          |
|     | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                |                  |          |
|     | ■ Debtor 1 only  | ☐ Contingent   |   |                  |          |
|     | Debtor 2 only  | ☐ Unliquidated   |   |                  |          |
|     | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                  |          |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                |                  |          |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                  |          |
|     | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce            | that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar de          | ebts             |          |
|     | Yes  | Other. Specify Collection                                    | Attorney Heritage Va                    | illey Beaver     |          |
| 4.1 | National Hospital Collections  | Last 4 digits of account number                              | 5701                                    |                  | \$88.00  |
|     | Nonpriority Creditor's Name 16 Distributor Drive, Suite 2            | When was the debt incurred?                                  | Opened 07/18                            |                  |          |
|     | Morgantown, WV 26501-9920  Number Street City State Zip Code         | As of the date you file, the claim                           | is: Check all that apply                |                  |          |
|     | Who incurred the debt? Check one.                                    | ,  | , |                  |          |
|     | ☐ Debtor 1 only  | ☐ Contingent   |   |                  |          |
|     | Debtor 2 only  | ☐ Unliquidated   |   |                  |          |
|     | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |   |                  |          |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure                                 | d claim:                                |                  |          |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                  |          |
|     | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce            | that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar de          | ebts             |          |
|     | Yes  | Other. Specify Collection                                    | Attorney Heritage Va                    | illey Beaver     |          |

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| 2 Bonnie S. Veitz   | Case n  | umber (if known)       | 19-21434-GLT   |
|---|---|------------------------|----------------|
| National Hospital Collections   | Last 4 digits of account number 5702  | !                      | \$50.00        |
| Nonpriority Creditor's Name 16 Distributor Drive, Suite 2 Morgantown, WV 26501-9920 |   | ned 08/18              |                |
| Number Street City State Zip Code  Who incurred the debt? Check one.                | As of the date you file, the claim is: Chec   | k all that apply       |                |
| ☐ Debtor 1 only   | ☐ Contingent  |                        |                |
| Debtor 2 only   | ☐ Unliquidated  |                        |                |
| Debtor 1 and Debtor 2 only  | Disputed  |                        |                |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  ☐ Student loans                                 |                        |                |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?      | ☐ Obligations arising out of a separation agreeort as priority claims                 | greement or divorce th | at you did not |
| ■ No  | ☐ Debts to pension or profit-sharing plans,   | and other similar debt | S              |
| Yes   | Other. Specify Collection Attorn  | ey Heritage Valle      | ey Beaver      |
| National Recovery Agency Nonpriority Creditor's Name                                | Last 4 digits of account number   | ļ                      | \$50.00        |
| P.O. Box 67015<br>Harrisburg, PA 17106  | When was the debt incurred? Open  | ned 6/20/14            |                |
| Number Street City State Zip Code   | As of the date you file, the claim is: Chec   | k all that apply       |                |
| Who incurred the debt? Check one.   |   |                        |                |
| Debtor 1 only   | Contingent  |                        |                |
| Debtor 2 only   | Unliquidated  |                        |                |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                      |                        |                |
| At least one of the debtors and another   | Student loans   |                        |                |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?       | ☐ Obligations arising out of a separation agreeort as priority claims                 | greement or divorce th | at you did not |
| No  | $\square$ Debts to pension or profit-sharing plans,                                   | and other similar debt | s              |
| Yes   | Other. Specify Hvhs Medical Cer   | nter Beaver            |                |
| National Recovery Agency  | Last 4 digits of account number 1072  | 1                      | \$50.00        |
| Nonpriority Creditor's Name P.O. Box 67015 Harrisburg, PA 17106                     | When was the debt incurred? Oper  | ned 6/20/14            |                |
| Number Street City State Zip Code  Who incurred the debt? Check one.                | As of the date you file, the claim is: Chec   | k all that apply       |                |
| ■ Debtor 1 only   | ☐ Contingent  |                        |                |
| ☐ Debtor 2 only   | ☐ Unliquidated  |                        |                |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                        |                |
| lacksquare At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |                        |                |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?      | ☐ Student loans ☐ Obligations arising out of a separation agreport as priority claims | greement or divorce th | at you did not |
| No  | ☐ Debts to pension or profit-sharing plans,   | and other similar debt | S              |
| ☐ Yes   | ■ Other. Specify Hvhs Medical Cel   |                        | -              |
| <b>□</b> 169  | Other. Specify  | INCI DEAVEL            |                |

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|          | 2 Bonnie S. Veitz  |   | Case number (if known)         | 19-21434-GLT     |            |
|----------|--|---|--------------------------------|------------------|------------|
| 4.1      | Northwest Bank   | Last 4 digits of account number                                 | 0130                           |                  | \$2,839.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 128 Warren, PA 16365 Number Street City State Zip Code | When was the debt incurred?  As of the date you file, the claim | Opened 11/16 Last 2/01/19      | t Active         |            |
|          | Who incurred the debt? Check one.  | _   |                                |                  |            |
|          | Debtor 1 only  | Contingent  |                                |                  |            |
|          | Debtor 2 only  | Unliquidated  |                                |                  |            |
|          | Debtor 1 and Debtor 2 only   | Disputed  | d alaim.                       |                  |            |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecure  ☐ Student loans                   | u ciaiii:                      |                  |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?                              | ☐ Obligations arising out of a separeport as priority claims    | aration agreement or divorce   | that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                              | ng plans, and other similar de | ebts             |            |
|          | Yes  | Other. Specify  |                                |                  |            |
| 4.1      | Northwest Consumer Discount Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 0001                           |                  | Unknown    |
|          | 1602 7th Ave<br>Beaver Falls, PA 15010   | When was the debt incurred?                                     | Opened 11/16 Last<br>6/30/17   | t Active         |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim                              | is: Check all that apply       |                  |            |
|          | ☐ Debtor 1 only  | ☐ Contingent  |                                |                  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated  |                                |                  |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                                |                  |            |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                       |                  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |                                |                  |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims      | -                              | -                |            |
|          | ■ No   | Debts to pension or profit-sharing                              | ng plans, and other similar de | ebts             |            |
|          | Yes  | Other. Specify  |                                |                  |            |
| 4.1<br>9 | Portfolio Recovery Associates, LLC  Nonpriority Creditor's Name  | Last 4 digits of account number                                 | 5074                           |                  | \$439.00   |
|          | 120 Corporate Blvd<br>Norfolk, VA 23502  | When was the debt incurred?                                     | Opened 04/17                   |                  |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim                              | is: Check all that apply       |                  |            |
|          | ☐ Debtor 1 only  | ☐ Contingent  |                                |                  |            |
|          | Debtor 2 only  | ☐ Unliquidated  |                                |                  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed  |                                |                  |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                       |                  |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |                                |                  |            |
|          | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims    | aration agreement or divorce   | that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                              | ng plans, and other similar de | ebts             |            |
|          | Yes  | Factoring ( Bank Usa I  | Company Account Ca<br>N.A.     | apital One       |            |

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| Debtor 1<br>Debtor 2 | Martin L. Veitz Bonnie S. Veitz  |  | Case number (if known) 19-21434-GLT          |          |
|----------------------|--|--|--|----------|
| ٠ ١                  | Synchrony Bank/Walmart   | Last 4 digits of account number  | 6272   | \$155.00 |
|                      | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896     | When was the debt incurred?  | Opened 09/17 Last Active 3/03/19             |          |
|                      | Number Street City State Zip Code  Who incurred the debt? Check one.             | As of the date you file, the claim   | s: Check all that apply                      |          |
|                      | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |  |          |
|                      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another           | ☐ Disputed  Type of NONPRIORITY unsecured                                    | I claim:                                     |          |
|                      | ☐ Check if this claim is for a community debt Is the claim subject to offset?    | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|                      | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |          |
|                      | Yes  | Other. Specify Charge Acc  | count  |          |
|                      | Synchrony Bank/Walmart Nonpriority Creditor's Name                               | Last 4 digits of account number  | 8370   | \$141.00 |
|                      | Attn: Bankruptcy<br>PO Box 965060<br>Orlando, FL 32896                           | When was the debt incurred?  | Opened 01/14 Last Active 3/03/19             |          |
| _                    | Number Street City State Zip Code  Who incurred the debt? Check one.             | As of the date you file, the claim   | s: Check all that apply                      |          |
|                      | Debtor 1 only  | ☐ Contingent   |  |          |
|                      | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | I claim:                                     |          |
|                      | ☐ Check if this claim is for a community debt<br>Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |          |
|                      | No   | Debts to pension or profit-sharin  | g plans, and other similar debts             |          |
|                      | □ Yes  | Other. Specify Charge Acc  | • •  |          |
| - 1                  | Transworld Sys Inc/51  | Last 4 digits of account number  | 8241   | \$283.00 |
|                      | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15618 Wilmington, DE 15618   | When was the debt incurred?  | Opened 07/15                                 |          |
| _                    | Number Street City State Zip Code  Who incurred the debt? Check one.             | As of the date you file, the claim   | s: Check all that apply                      |          |
|                      | ■ Debtor 1 only ☐ Contingent   |  |  |          |
|                      | Debtor 2 only  | ☐ Unliquidated   |  |          |
|                      | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |
|                      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | l claim:                                     |          |
|                      | ☐ Check if this claim is for a community   | Student loans  |  |          |
|                      | debt<br>Is the claim subject to offset?  | report as priority claims  | ration agreement or divorce that you did not |          |
|                      | No   | Debts to pension or profit-sharing   | • •  |          |
|                      | ☐ Yes  | ■ Other. Specify   | Attorney Heritage Valley Phys                |          |

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| Debto                 | Bonnie S. Veitz   |   | Case number (if known)   | 19-21434-GLT                      |          |
|-----------------------|---|---|--|-----------------------------------|----------|
| 4.2                   | Verizon Wireless  | Last 4 digits of account numbe  | r 0001   | \$                                | 291.00   |
|                       | Nonpriority Creditor's Name Attn: Verizon Wireless Bankruptcy Admini 500 Technology Dr, Ste 550 Weldon Spring, MO 63304   | When was the debt incurred?   | Opened 12/11 Last<br>8/31/17   | Active                            |          |
|                       | Number Street City State Zip Code  Who incurred the debt? Check one.  | As of the date you file, the clair  | n is: Check all that apply   |                                   |          |
|                       | Debtor 1 only   | ☐ Contingent  |  |                                   |          |
|                       | Debtor 2 only   | ☐ Unliquidated  |  |                                   |          |
|                       | Debtor 1 and Debtor 2 only  | Disputed  | and alabas   |                                   |          |
|                       | At least one of the debtors and another   | Type of NONPRIORITY unsecur   | ed claim:  |                                   |          |
|                       | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a se   | paration agreement or divorce  | that you did not                  |          |
|                       | No  | report as priority claims  Debts to pension or profit-sha   | ring plans, and other similar de   | bts                               |          |
|                       | Yes   | Other. Specify  |  |                                   |          |
| Part :                | 3: List Others to Be Notified About a De  | aht That You Already Listed   |  |                                   |          |
| . Use<br>is tr<br>hav | this page only if you have others to be notified ying to collect from you for a debt you owe to s e more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that<br>omeone else, list the original creditor<br>at you listed in Parts 1 or 2, list the ad | in Parts 1 or 2, then list the   | collection agency here. Similarly | , if you |
|                       | and Address   | On which entry in Part 1 or Part 2 did yo   | _  |                                   |          |
|                       | erhut<br>Naidheann ad Baad  |   | Part 1: Creditors with Priori  | •                                 |          |
|                       | Ridgewood Road<br>t Cloud, MN 56303   |   | Part 2: Creditors with Nonp  | riority Unsecured Claims          |          |
| Saiii                 | it Cloud, Wild 30303  | Last 4 digits of account number   |  |                                   |          |
| Greg<br>Pate<br>501   | and Address<br>gg L. Morris, Esquire<br>naude & Felix, A.P.C.<br>Corporate Drive<br>thpointe Center, Ste 205  |   | ou list the original creditor?  Part 1: Creditors with Priori  Part 2: Creditors with Nonp     |                                   |          |
|                       | onsburg, PA 15317   | Last 4 digits of account number   |  |                                   |          |
| LVN<br>PO E           | and Address<br>V Funding LLC<br>Box 1269<br>enville, SC 29602   |   | ou list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp       |                                   |          |
| Oice                  | 511VIII.E, OO 23002   | Last 4 digits of account number   |  |                                   |          |
| LVN<br>55 B           | and Address V Funding, LLC eattie Place, Suite 110 enville, SC 29601  |   | ou list the original creditor?  ☐ Part 1: Creditors with Priori  ☐ Part 2: Creditors with Nonp |                                   |          |
|                       |   | Last 4 digits of account number   |  |                                   |          |
| Natio<br>2491         | and Address onal Recovery Agency Paxton St isburg, PA 17111   |   | ou list the original creditor?  ☐ Part 1: Creditors with Priori  ☐ Part 2: Creditors with Nonp |                                   |          |
| . iai i               | iowary, i A i i i i i   | Last 4 digits of account number   |  |                                   |          |
|                       | and Address   | On which entry in Part 1 or Part 2 did yo   | ou list the original creditor?   |                                   |          |
|                       | folio Recovery Associates, LLC  |   | ☐ Part 1: Creditors with Priori  | •                                 |          |
|                       | Corporate Blvd<br>olk, VA 23502   |   | Part 2: Creditors with Nonp  | riority Unsecured Claims          |          |
| . 1011                | om, 17 2002   | Last 4 digits of account number   |  |                                   |          |
|                       |   |   |  |                                   |          |

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Martin L. Veitz

Debtor 2 Bonnie S. Veitz

Case number (if known) 19-21434-GLT

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Т  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     | Т  | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 17,783.07  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 17,783.07  |

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| Fill in this infor                      | mation to identify your | case:              |                 |                                     |
|---|-------------------------|--------------------|-----------------|-------------------------------------|
| Debtor 1                                | Martin L. Veitz         |                    |                 |                                     |
|   | First Name              | Middle Name        | Last Name       |                                     |
| Debtor 2                                | Bonnie S. Veitz         |                    |                 |                                     |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name       |                                     |
| United States Bankruptcy Court for the: |                         | WESTERN DISTRICT O | OF PENNSYLVANIA |                                     |
| Case number                             | 19-21434-GLT            |                    |                 |                                     |
| (if known)                              |                         |                    |                 | ☐ Check if this is a amended filing |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.2 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |
| 2.3 |           |              |   |                   |   |
|     | Name      |              |   |                   |   |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          | _                                       |
| 2.4 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   |   |
|     | City      |              | State   | ZIP Code          |   |
| 2.5 |           |              |   |                   |   |
|     | Name      |              |   |                   | _                                       |
|     | Number    | Street       |   |                   | _                                       |
|     | City      |              | State   | ZIP Code          |   |

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|                     |   | Document   | Page 28 of           | 52  | _   |
|---------------------|---|--|----------------------|---|---|
| Fill in this in     | formation to identify your  | case:  |                      |   |   |
| Debtor 1            | Martin L. Veitz   |  |                      |   |   |
|                     | First Name  | Middle Name  | Last Name            |   |   |
| Debtor 2            | Bonnie S. Veitz   | Middle Name  | Last Name            |   |   |
| (Spouse if, filing) | First Name  | Middle Name  | Last Name            |   |   |
| United States       | Bankruptcy Court for the:   | WESTERN DISTRICT OF F                                    | PENNSYLVANIA         |   |   |
| Case number         | r 19-21434-GLT  |  |                      |   |   |
| (if known)          |   |  |                      |   | ☐ Check if this is an   |
|                     |   |  |                      |   | amended filing  |
| Official I          | Form 106H   |  |                      |   |   |
|                     |   | abtara   |                      |   |   |
| <u>scneau</u>       | le H: Your Cod  | eptors   |                      |   | 12/15   |
| our name ar         | nd case number (if known).  |  | •                    |   | op of any Additional Pages, write   |
|                     |   | lived in a community prope<br>Nevada, New Mexico, Puerto |                      |   | rty states and territories include<br>)   |
| _                   | o to line 3.<br>Did your spouse, former spou                      | se, or legal equivalent live wi                          | th you at the time?  |   |   |
| in line 2           | again as a codebtor only if 6D), Schedule E/F (Official           | that person is a guarantor                               | or cosigner. Make su | re you have listed  | ng with you. List the person shown<br>the creditor on Schedule D (Officia<br>, Schedule E/F, or Schedule G to fil |
|                     | olumn 1: Your codebtor<br>ne, Number, Street, City, State and ZII | P Code   |                      | Column 2: The cr<br>Check all schedu                      | reditor to whom you owe the debt les that apply:  |
| 27                  | oril Veitz<br>17 Ninth Ave Rear<br>eaver Falls, PA 15010          |  |                      | ■ Schedule D, □ Schedule E/F □ Schedule G (Claim 3) Santa | -, line   |

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| Fill        | in this information to identify your                                   | case:   |   | 1   |
|-------------|--|---|---|---|
|             | btor 1 Martin L. V   |   |   |   |
|             | btor 2  Bonnie S. V  | /eitz   |   |   |
| Un          | ited States Bankruptcy Court for th                                    | e: WESTERN DISTRICT                                   | T OF PENNSYLVANIA                       |   |
|             | se number 19-21434-GLT   |   | -                                       | Check if this is:  An amended filing A supplement showing postpetition chapter 13 income as of the following date:  |
| 0           | fficial Form 106I  |   |   | MM / DD/ YYYY   |
| S           | chedule I: Your Inc  | ome   |   | 12/1:   |
| spo<br>atta | use. If you are separated and yo                                       | ur spouse is not filing w<br>On the top of any additi | ith you, do not include informati       | ring with you, include information about your on about your spouse. If more space is needed, it case number (if known). Answer every question Debtor 2 or non-filing spouse |
|             | If you have more than one job,   |   | ■ Employed                              | ■ Employed  |
|             | attach a separate page with information about additional               | Employment status                                     | ☐ Not employed                          | ☐ Not employed  |
|             | employers.   | Occupation  | Food server                             |   |
|             | Include part-time, seasonal, or self-employed work.                    | Employer's name                                       | Rochester Manor + Villa                 |   |
|             | Occupation may include student or homemaker, if it applies.            | Employer's address                                    | 174 Virginia Ave<br>Rochester, PA 15074 |   |
|             |  | How long employed t                                   | here? 5 months                          |   |
| Pa          | rt 2: Give Details About Mo  | nthly Income  |   |   |
| spo         | use unless you are separated.  | •   | , , , , ,                               | line, write \$0 in the space. Include your non-filing   |
|             | ou or your non-filing spouse have me space, attach a separate sheet to |   | ombine the information for all empl     | oyers for that person on the lines below. If you need   |
|             |  |   |   | For Debtor 1 For Debtor 2 or non-filing spouse  |

**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Official Form 106I Schedule I: Your Income page 1

0.00

0.00

0.00

1,180.16

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| Deb<br>Deb | tor 1<br>tor 2 | Martin L. Veitz<br>Bonnie S. Veitz                                     | Z   |   | _                | C        | ase number ( <i>if kı</i> | nown)        | 19-      | ·21434-G                 | iLT         |                  |
|------------|----------------|--|---|---|------------------|----------|---------------------------|--------------|----------|--------------------------|-------------|------------------|
|            | Con            | y line 4 here  |   |   | 4.               |          | For Debtor 1<br>\$ 1,180  | 16           |          | or Debtor<br>on-filing s |             |                  |
|            |                |  |   |   | ٦.               | •        | Ψ                         | <i>).</i> 10 | Ψ.       |                          | 0.00        | _                |
| 5.         | List           | all payroll deduc  |   |   |                  |          |                           |              |          |                          |             |                  |
|            | 5a.            |  | and Social Secur  |   | 5a               |          |                           | 5.95         | \$       |                          | 0.00        |                  |
|            | 5b.            | •  | tributions for reti   | •   | 5b               |          | . —                       | 0.00         | \$<br>\$ |                          | 0.00        | _                |
|            | 5c.<br>5d.     | -  | ibutions for retirements of retirements                       |   | 5c.<br>5d        |          | ·                         | 0.00         | φ<br>\$  |                          | 0.00        | _                |
|            | 5e.            | Insurance  | ments of retirem  | chi runa loans  | 5e               |          | ·                         | 0.00         | \$       |                          | 0.00        |                  |
|            | 5f.            | Domestic supp  | ort obligations   |   | 5f.              |          | ·                         | 0.00         | \$       |                          | 0.00        | _                |
|            | 5g.            | Union dues   | •   |   | 5g               | . :      | -                         | 0.00         | \$       |                          | 0.00        | _                |
|            | 5h.            | Other deduction  | ns. Specify:  |   | 5h               | .+ 3     | \$ (                      | 0.00         | + \$     |                          | 0.00        | _                |
| 6.         | Add            | the payroll dedu   | ctions. Add lines   | 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.               | 9        | 176                       | 5.95         | \$       |                          | 0.00        |                  |
| 7.         | Cald           | culate total month   | ly take-home pay  | <ul> <li>Subtract line 6 from line 4.</li> </ul>  | 7.               | 9        | 1,003                     | 3.21         | \$       |                          | 0.00        | _                |
| 8.         | List<br>8a.    | profession, or f<br>Attach a stateme                                   | m rental property<br>arm<br>ent for each proper               | d: and from operating a business,  ty and business showing gross usiness expenses, and the total                              |                  |          |                           |              |          |                          |             |                  |
|            |                | monthly net inco   |   | domese expenses, and the total  | 8a               | . ;      | \$ (                      | 0.00         | \$       |                          | 0.00        |                  |
|            | 8b.            | Interest and div   | ridends   |   | 8b               | . ;      | \$ (                      | 0.00         | \$       |                          | 0.00        |                  |
|            | 8c.            | regularly receiv<br>Include alimony,                                   | e   | ou, a non-filing spouse, or a depender<br>child support, maintenance, divorce   | <b>nt</b><br>8c. | ,        | \$ (                      | 0.00         | \$       |                          | 0.00        |                  |
|            | 8d.            | Unemployment   |   |   | 8d               |          | ·                         | 0.00         | \$       |                          | 0.00        | _                |
|            | 8e.            | Social Security  | -   |   | 8e               |          | \$ 1,264                  |              | \$       |                          | 634.50      | _                |
|            | 8f.            | Include cash ass<br>that you receive,<br>Nutrition Assista<br>Specify: | sistance and the va<br>such as food star<br>nce Program) or h | at you regularly receive alue (if known) of any non-cash assistand nps (benefits under the Supplemental ousing subsidies.     | 8f.              |          |                           | 0.00         | \$       |                          | 0.00        | _                |
|            | 8g.            | Pension or retir   | rement income   | Amuil Voite contributes to see  | 8g               | . ;      | \$1,280                   | 0.85         | \$       |                          | 0.00        | <u> </u>         |
|            | 8h.            | Other monthly i  | income. Specify:  | April Veitz - contributes to car payment  | 8h               | .+ :     | \$300                     | 0.00         | + \$     |                          | 0.00        | _                |
| 9.         | Add            | all other income.  | Add lines 8a+8b   | +8c+8d+8e+8f+8g+8h.   | 9.               | \$       | 2,845                     | 5.35         | \$       |                          | 634.5       | 0                |
| 10.        | Calo           | culate monthly inc   | come. Add line 7  | + line 9  | 10.              | \$       | 3,848.56                  | + \$         |          | 634.50                   | = \$        | 4,483.06         |
|            |                | •  |   | d Debtor 2 or non-filing spouse.  |                  | <u> </u> | 3,040.00                  |              |          | 004.00                   |             | +,+00.00         |
| 11.        | Inclu<br>othe  | ude contributions from triends or relative not include any amo         | om an unmarried  <br>es.                                      | the expenses that you list in Schedul<br>partner, members of your household, you<br>uded in lines 2-10 or amounts that are no | ur depe          |          | . ,                       |              |          | Schedule                 | e J.<br>+\$ | 0.00             |
| 12.        |                | e that amount on th  |   | ine 10 to the amount in line 11. The re<br>hedules and Statistical Summary of Cert  |                  |          |                           |              |          |                          | \$          | 4,483.06         |
| 13.        | Do y<br>□      | ou expect an inc   | rease or decreas  | e within the year after you file this for   | m?               |          |                           |              |          |                          |             | nea<br>ly income |
|            |                | Yes. Explain:  | Debtor 1 was  | recently injured at work and will I   | ikely l          | be ı     | ınable to co              | ntinu        | ıe hi    | s curren                 | t positi    | ion at           |

Official Form 106l Schedule I: Your Income page 2

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| Fill       | in this informa                           | ation to identify yo                   | our case:      |   |                       |   |                 |                               |  |
|------------|---|--|----------------|---|-----------------------|---|-----------------|-------------------------------|--|
| Deb        | tor 1                                     | Martin L. Vei                          | itz            |   |                       | Che   | eck if this is: |                               |  |
|            | bbtor 2 Bonnie S. Veitz pouse, if filing) |  |                |   |                       | <ul> <li>☐ An amended filing</li> <li>☐ A supplement showing postpetition chapter</li> <li>13 expenses as of the following date:</li> </ul> |                 |                               |  |
| ' '        |   |  | \\/=0TF        | CON DIGITAL OF DENING   | N/1 N/4 N 11 A        |   |                 |                               |  |
| Unit       | ed States Bank                            | ruptcy Court for the                   | : WESTE        | ERN DISTRICT OF PENNS   | SYLVANIA              |   | MM / DD / YYYY  |                               |  |
| 1          | e number 1<br>nown)                       | 9-21434-GLT                            |                |   |                       |   |                 |                               |  |
| Of         | fficial Fo                                | orm 106J                               |                |   |                       |   |                 |                               |  |
|            |   | J: Your                                |                |   |                       |   |                 | 12/15                         |  |
| info       | ormation. If n                            |  | eded, atta     | . If two married people ar<br>ch another sheet to this<br>n.              |                       |   |                 |                               |  |
| Par        |   | ribe Your House                        | ehold          |   |                       |   |                 |                               |  |
| 1.         | Is this a joi  ☐ No. Go t                 |  |                |   |                       |   |                 |                               |  |
|            |   | o line 2.<br>es Debtor 2 live          | in a senar     | ate household?  |                       |   |                 |                               |  |
|            | _ 100. <b>20</b> .                        |  | iii a sepai    | ate nousenoid.  |                       |   |                 |                               |  |
|            |   |  | st file Offici | al Form 106J-2, <i>Expenses</i>   | for Separate House    | ehold of Deb  | otor 2.         |                               |  |
| 2.         | Do you hay                                | ve dependents?                         | ■ No           |   |                       |   |                 |                               |  |
|            | •   | Debtor 1 and                           | ☐ Yes.         | Fill out this information for each dependent                              | Dependent's relati    |   | Dependent's age | Does dependent live with you? |  |
|            | Do not state                              |  |                |   |                       |   |                 | □ No                          |  |
|            | dependents                                | s names.                               |                |   |                       |   |                 | □ Yes<br>□ No                 |  |
|            |   |  |                |   |                       |   |                 | □ No<br>□ Yes                 |  |
|            |   |  |                |   |                       |   | _               | □ No                          |  |
|            |   |  |                |   |                       |   |                 | Yes                           |  |
|            |   |  |                |   |                       |   |                 | □ No<br>□ Yes                 |  |
| 3.         |   | penses include                         |                | No  |                       |   |                 | □ res                         |  |
|            |   | of people other t<br>nd your depende   | han 🗖          | Yes   |                       |   |                 |                               |  |
| Davi       |   |  |                | . <b></b>   |                       |   |                 |                               |  |
| Est<br>exp | imate your e                              | a date after the                       | our bankrı     | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                       |   |                 |                               |  |
| the        |   | ch assistance an                       |                | government assistance in<br>Sluded it on Schedule I: Y                    |                       |   | Your exp        | enses                         |  |
| `          |   | ,                                      |                |   |                       |   |                 |                               |  |
| 4.         |   | or home owners<br>and any rent for th  |                | ses for your residence. In<br>Ir lot.                                     | nclude first mortgage | e<br>4.   | \$              | 0.00                          |  |
|            | If not inclu                              | ded in line 4:                         |                |   |                       |   |                 |                               |  |
|            | 4a. Real                                  | estate taxes                           |                |   |                       | 4a.   | \$              | 0.00                          |  |
|            |   | erty, homeowner's                      |                |   |                       | 4b.   |                 | 0.00                          |  |
|            |   | e maintenance, re<br>eowner's associat |                |   |                       | 4c.<br>4d.  | i ————          | 100.00<br>0.00                |  |
| 5.         |   |  |                | our residence, such as ho   | me equity loans       | 4u.<br>5.   | ·               | 0.00                          |  |

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|                          | nie S. Veitz  | Case num     | ber (if known) | 19-21434-GLT               |
|--------------------------|---|--------------|----------------|----------------------------|
| . Utilities:             |   |              |                |                            |
|                          | tricity, heat, natural gas  | 6a.          | \$             | 138.00                     |
|                          | er, sewer, garbage collection   | 6b.          | •              | 145.00                     |
|                          | phone, cell phone, Internet, satellite, and cable services  | 6c.          | \$             | 236.00                     |
|                          | er. Specify:  | 6d.          | \$             | 0.00                       |
|                          | housekeeping supplies   | 7.           | \$             | 200.00                     |
|                          | and children's education costs  | 8.           | \$             | 0.00                       |
| Clothing,                | aundry, and dry cleaning  | 9.           | \$             | 50.00                      |
| . Personal o             | care products and services  | 10.          | \$             | 40.00                      |
| Medical ar               | nd dental expenses  | 11.          | \$             | 150.00                     |
| Transport                | ation. Include gas, maintenance, bus or train fare.   |              |                | 450.00                     |
|                          | ude car payments.   | 12.          | \$             | 150.00                     |
|                          | nent, clubs, recreation, newspapers, magazines, and books   | 13.          | \$             | 50.00                      |
| Charitable               | contributions and religious donations   | 14.          | \$             | 0.00                       |
| Insurance                |   |              |                |                            |
| Do not incl<br>15a. Life | ude insurance deducted from your pay or included in lines 4 or 20.  | 45-          | <b>c</b>       | 04.00                      |
|                          | th insurance  | 15a.         |                | 94.00                      |
|                          | th insurance<br>cle insurance   | 15b.         |                | 271.00                     |
|                          |   | 15c.         | \$             | 123.00                     |
|                          | er insurance. Specify:  | 15d.         | \$             | 0.00                       |
| Specify:                 | not include taxes deducted from your pay or included in lines 4 or 20. <b>Faxes Deducted from Pension</b>   | 16.          | \$             | 33.81                      |
|                          | t or lease payments:  | 47-          | •              |                            |
|                          | payments for Vehicle 1  | 17a.         |                | 0.00                       |
|                          | payments for Vehicle 2  | 17b.         | *              | 0.00                       |
| 17c. Othe                |   | 17c.         | ·              | 0.00                       |
| 17d. Othe                |   | 17d.         | \$             | 0.00                       |
|                          | nents of alimony, maintenance, and support that you did not report a<br>from your pay on line 5, <i>Schedule I, Your Incom</i> e (Official Form 106I                                      |              | \$             | 0.00                       |
|                          | ments you make to support others who do not live with you.  | ,.           | \$             | 0.00                       |
| Specify:                 |   | 19.          |                |                            |
| Other real               | property expenses not included in lines 4 or 5 of this form or on Sci   | hedule I: Yo | ur Income.     |                            |
| 20a. Mort                | gages on other property   | 20a.         | \$             | 0.00                       |
| 20b. Rea                 | estate taxes  | 20b.         | \$             | 0.00                       |
| 20c. Prop                | erty, homeowner's, or renter's insurance  | 20c.         | \$             | 0.00                       |
| 20d. Mair                | tenance, repair, and upkeep expenses  | 20d.         | \$             | 0.00                       |
| 20e. Hom                 | eowner's association or condominium dues  | 20e.         | \$             | 0.00                       |
| . Other: Spe             | ecify: Pet maintenance and food   | 21.          | +\$            | 25.00                      |
| Exempt S                 | Social Security Income: 42 U.S.C. 407   |              | +\$            | 1,627.00                   |
| -                        |   |              |                | •                          |
|                          | your monthly expenses<br>nes 4 through 21.  |              | e e            | 2 422 04                   |
|                          | •   | )            | \$             | 3,432.81                   |
|                          | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | -            | ·              |                            |
| 22c. Add li              | ne 22a and 22b. The result is your monthly expenses.  |              | \$             | 3,432.81                   |
|                          | your monthly net income.  |              |                |                            |
|                          | y line 12 (your combined monthly income) from Schedule I.   | 23a.         | •              | 4,483.06                   |
| 23b. Cop                 | y your monthly expenses from line 22c above.  | 23b.         | -\$            | 3,432.81                   |
| 23c. Subt                | ract your monthly expenses from your monthly income.  |              |                |                            |
|                          | result is your monthly net income.  | 23c.         | \$             | 1,050.25                   |
| For example              | pect an increase or decrease in your expenses within the year after , do you expect to finish paying for your car loan within the year or do you expect yo to the terms of your mortgage? |              |                | ease or decrease because o |
| — 110.<br>П Уес          | Explain here:   |              |                |                            |

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| Debtor 1                                | Martin L. Veitz |                    |                 |                                      |
|---|-----------------|--------------------|-----------------|--------------------------------------|
|   | First Name      | Middle Name        | Last Name       |                                      |
| Debtor 2                                | Bonnie S. Veitz |                    |                 |                                      |
| (Spouse if, filing)                     | First Name      | Middle Name        | Last Name       |                                      |
| United States Bankruptcy Court for the: |                 | WESTERN DISTRICT ( | OF PENNSYLVANIA |                                      |
| Case number                             | 19-21434-GLT    |                    |                 |                                      |
| (if known)                              |                 |                    |                 | ☐ Check if this is ar amended filing |
|   |                 |                    |                 | <u> </u>                             |

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|                    | Sign Below   |   |   |
|--------------------|--|---|---|
| Did y              | ou pay or agree to pay someone who is NOT an attorney to   | help  | you fill out bankruptcy forms?                            |
|                    | No   |   |   |
|                    | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119) |   |
| that that the X /s | r penalty of perjury, I declare that I have read the summary a<br>ney are true and correct.<br>S/ Martin L. Veitz<br>Iartin L. Veitz<br>ignature of Debtor 1 | nd s<br>X   | /s/ Bonnie S. Veitz Bonnie S. Veitz Signature of Debtor 2 |
| D                  | ate _May 13, 2019  |   | Date May 13, 2019   |

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| Fill to date to farmer days to the offer   |  |   |  |   |
|--|--|---|--|---|
| Fill in this information to identify   | -  |   |  |   |
| Debtor 1 Martin L. Ve  | Middle Name  | Last Name   |  |   |
| Debtor 2 Bonnie S. V   | eitz   |   |  |   |
| (Spouse if, filing) First Name   | Middle Name  | Last Name   |  |   |
| United States Bankruptcy Court for   | the: WESTERN DISTRICT OF   | F PENNSYLVANIA  |  |   |
| Case number 19-21434-GLT   |  |   |  |   |
| (if known)   |  |   |  | Check if this is an                                   |
| Official Form 107  |  |   |  | imended filing  |
| Statement of Financi   | ial Affairs for Individ  | duals Filing for B                                    | ankruptcy                                  | 4/19  |
| Be as complete and accurate as p<br>information. If more space is nee<br>number (if known). Answer every | eded, attach a separate sheet to   |   |  |   |
| Part 1: Give Details About You   | ur Marital Status and Where You  | Lived Before  |  |   |
| 1. What is your current marital  | status?  |   |  |   |
| <ul><li>✓ Married</li><li>✓ Not married</li></ul>  |  |   |  |   |
| 2. During the last 3 years, have   | you lived anywhere other than  | where you live now?                                   |  |   |
| M No   |  |   |  |   |
| <ul><li>✓ No</li><li>✓ Yes. List all of the places</li></ul>   | you lived in the last 3 years. Do no   | ot include where you live nov                         | I.   |   |
| Debtor 1 Prior Address:  | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
| 3. Within the last 8 years, did y states and territories include Arizona                                 | ou ever live with a spouse or leg<br>a, California, Idaho, Louisiana, Ne                                     |   |  |   |
| <ul><li>✓ No</li><li>✓ Yes. Make sure you fill out</li></ul>   | ut Schedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |
| Part 2 Explain the Sources of  | f Your Income  |   |  |   |
| Fill in the total amount of incon  | om employment or from operating the you received from all jobs and a drough you have income that you receive | all businesses, including part                        | time activities.                           | ndar years?   |
|  | Debtor 1   |   | Debtor 2                                   |   |
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year uthe date you filed for bankruptcy  |  | \$4,965.64  | Wages, commissions, bonuses, tips          | \$0.00  |
|  | Operating a business   |   | Operating a business                       |   |
| For last calendar year:<br>(January 1 to December 31, 2018   |  | \$17,020.99   | Wages, commissions, bonuses, tips          | \$0.00  |
|  | Operating a business   |   | Operating a business                       |   |

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Debtor 1 Martin L. Veitz 19-21434-GLT Debtor 2 **Bonnie S. Veitz** Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions (before deductions and Check all that apply. exclusions) and exclusions) For the calendar year before that: **Unknown - Debtors** \$0.00 ✓ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips intend to amend bonuses, tips this statement Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. **V** Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$3,793.50 **Social Security** \$1,569.30 the date you filed for bankruptcy: **Benefits Benefits** Retirement Income \$3,842.55 \$0.00 **Social Security** \$334.20 **Survivors Benefits** For last calendar year: Social Security \$14,760.00 **Social Security** \$6,096.00 (January 1 to December 31, 2018) **Benefits Benefits** Retirement Income \$15,370.20 \$0.00 Social Security \$1,296.00 **Survivors Benefits** For the calendar year before that: **Social Security Unknown - Debtors Social Security** Unknown (January 1 to December 31, 2017) **Benefits** intend to amend **Benefits** this statement **Retirement Income** \$15,370.20 \$0.00 Social Security Unknown **Survivors Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more? ∐ No. Go to line 7. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Case 19-21434-GLT Doc 19 Filed 05/13/19 Entered 05/13/19 19:49:46 Page 36 of 52 Document Debtor 1 Martin L. Veitz 19-21434-GLT Debtor 2 **Bonnie S. Veitz** Case number (if known) Debtor 1 or Debtor 2 or both have primarily consumer debts. Yes. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ∟ No. Go to line 7. ✓ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Quicken Loans Inc. Jan 2019, Feb \$1,716.00 \$47,891.00 ✓ Mortgage 662 Woodward Avenue 2019, Mar 2019 Car Detroit, MI 48226 Credit Card Loan Repayment Suppliers or vendors Other\_ Jan 2019, Feb \$807.00 \$7,065.00 **Wells Fargo Dealer Services** Mortgage Attn: Bankruptcy 2019, Mar 2019 ✓ Car PO Box 19657 Credit Card Irvine, CA 92623 Loan Repayment Suppliers or vendors Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number LVNV Funding LLV v. Bonnie Veitz Collection Court of Common Pleas, Pending

11181-2017

**Beaver County** 

810 Third Street

Beaver, PA 15009

On appeal

Concluded

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|     | btor 1<br>btor 2  | Martin L. Veitz<br>Bonnie S. Veitz  |          |  | Case number (if known)   | 19-21434-0           | SLT                      |
|-----|---|---|----------|--|--------------------------|----------------------|--------------------------|
| 10. |   | in 1 year before you filed for bankrup<br>k all that apply and fill in the details bel  |          | as any of your property repossess                                    | sed, foreclosed, garnis  | hed, attached        | l, seized, or levied?    |
|     | =   | No. Go to line 11.<br>Yes. Fill in the information below.   |          |  |                          |                      |                          |
|     | Cred  | ditor Name and Address  |          | scribe the Property  | Date                     |                      | Value of the<br>property |
|     |   |   | EX       | plain what happened  |                          |                      |                          |
| 11. | acco  | in 90 days before you filed for bankrounts or refuse to make a payment be No Yes. Fill in the details.  |          |  | or financial institution | , set off any a      | mounts from your         |
|     | Crec  | ditor Name and Address  | De       | scribe the action the creditor took                                  | Date a                   | action was           | Amount                   |
| 12. | <ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul> |   |          |  |                          |                      |                          |
| Pa  | rt 5:   | List Certain Gifts and Contributions  | 5        |  |                          |                      |                          |
| 13. | <b>√</b>  | in <b>2 years before you filed for bankru</b><br>No<br>Yes. Fill in the details for each gift.  | ıptcy, d | did you give any gifts with a total v                                | value of more than \$60  | 0 per person?        | ,                        |
|     |   | s with a total value of more than \$600<br>person   | 0        | Describe the gifts   | Dates<br>the gi          | you gave<br>fts      | Value                    |
|     |   | son to Whom You Gave the Gift and ress:   |          |  |                          |                      |                          |
| 14. | <b>√</b>  | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No Yes. Fill in the details for each gift or contribution. |          |  |                          |                      |                          |
|     | Gifts<br>more<br>Chai   | s or contributions to charities that to<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Code  | otal     | Describe what you contributed  | Dates                    | you<br>ibuted        | Value                    |
| Pa  | rt 6:   | List Certain Losses   |          |  |                          |                      |                          |
| 15. |   | in 1 year before you filed for bankrup<br>mbling?   | otcy or  | since you filed for bankruptcy, did                                  | d you lose anything be   | cause of thef        | t, fire, other disaster, |
|     | =   | No<br>Yes. Fill in the details.   |          |  |                          |                      |                          |
|     |   | the loss occurred   |          | be any insurance coverage for the the amount that insurance has paid | loss                     | of your              | Value of property lost   |
|     |   |   | insurar  | nce claims on line 33 of Schedule A/L                                | B: Property.             |                      |                          |
|     | rt 7:   | List Certain Payments or Transfers  |          |  |                          |                      |                          |
| 16. | cons  | in 1 year before you filed for bankrup<br>ulted about seeking bankruptcy or p<br>de any attorneys, bankruptcy petition p  | reparii  | ng a bankruptcy petition?  |                          |                      | ty to anyone you         |
|     | =   | No<br>Yes. Fill in the details.   |          |  |                          |                      |                          |
|     | Add:<br>Ema   | son Who Was Paid<br>ress<br>iil or website address  | 011      | Description and value of any protransferred                          |                          | payment<br>nsfer was | Amount of payment        |

1

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Debtor 1 Martin L. Veitz 19-21434-GLT Debtor 2 **Bonnie S. Veitz** Case number (if known) Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Moynihan Law, P.C. Attorney Fees to be paid through the \$0.00 2 Chatham Center Suite 230 plan Pittsburgh, PA 15219 mark@moynihanlaw.net 3/26/19, 4/2/19 \$500.00 Moynihan Law, P.C. No Look Expense Charge 2 Chatham Center Suite 230 Pittsburgh, PA 15219 mark@moynihanlaw.net **Dollar Learning Foundation Inc.** Credit counseling course 4/5/19 \$20.00 21550 Oxnard Street 3rd Floor #001 Woodland Hills, CA 91367 bothcourses.com Moynihan Law, PC 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. 1 No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of or transfer was transferred payment Address made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No ✓ Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer

transferred

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Official Form 107

Case Title

Case Number

Address (Number, Street, City,

Nature of the case

Court or agency

State and ZIP Code)

Name

Status of the

case

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|   | otor 1 Martin L. Veitz otor 2 Bonnie S. Veitz   |  | Case number (if known)   | 19-21434-GLT                                     |
|---|---|--|--------------------------|--|
| Par   | t 11: Give Details About Your Business or   | r Connections to Any Business                  |                          |  |
| 27.   | Within 4 years before you filed for bankrup   | otcy, did you own a business or have any       | of the following con     | nections to any business?                        |
|   | A sole proprietor or self-employed  | in a trade, profession, or other activity, e   | either full-time or part | t-time   |
|   | A member of a limited liability com   | pany (LLC) or limited liability partnership    | (LLP)                    |  |
|   | A partner in a partnership  | . , , , , , , , , , , , , , , , , , , ,        | ` ,                      |  |
|   | An officer, director, or managing e   | executive of a corporation                     |                          |  |
|   |   | ng or equity securities of a corporation       |                          |  |
|   | ✓ No. None of the above applies. Go to  |  |                          |  |
|   | <u>+</u>  | II in the details below for each business.     |                          |  |
|   | Business Name Address   | Describe the nature of the business            | Employer Identif         | ication number<br>ocial Security number or ITIN. |
|   | (Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper               |                          | •  |
|   |   |  | Dates business           | existed  |
| institutions, creditors, or other parties.    No  Yes. Fill in the details below. |   |  |                          |  |
|   | Name  | Date Issued                                    |                          |  |
|   | Address<br>(Number, Street, City, State and ZIP Code)   |  |                          |  |
| Par   | t 12: Sign Below  |  |                          |  |
| I hav   | ve read the answers on this Statement of Fi<br>true and correct. I understand that making a<br>a bankruptcy case can result in fines up to<br>.S.C. §§ 152, 1341, 1519, and 3571. | a false statement, concealing property, or     | r obtaining money or     |  |
|   | Martin L. Veitz   | /s/ Bonnie S. Veitz                            |                          |  |
| Martin L. Veitz   |   | Bonnie S. Veitz                                |                          |  |
| Sig   | nature of Debtor 1  | Signature of Debtor 2                          |                          |  |
| Dat   | e <u>May 13, 2019</u>   | Date <u>May 13, 2019</u>                       |                          |  |
| <b>y</b> N  | you attach additional pages to <i>Your Statem</i><br>lo<br>′es  | nent of Financial Affairs for Individuals Fil  | ling for Bankruptcy ((   | Official Form 107)?                              |
|   | you pay or agree to pay someone who is no   | ot an attorney to help you fill out bankrup    | tcy forms?               |  |
| ✓ N   |   | ruptcy Petition Preparer's Notice, Declaration | n, and Signature (Offic  | ial Form 119).                                   |

| Fill in this inforr             | Fill in this information to identify your case:            |  |  |  |
|---------------------------------|--|--|--|--|
| Debtor 1                        | Martin L. Veitz  |  |  |  |
| Debtor 2<br>(Spouse, if filing) | Bonnie S. Veitz  |  |  |  |
| United States E                 | Bankruptcy Court for the: Western District of Pennsylvania |  |  |  |
| Case number (if known)          | 19-21434-GLT   |  |  |  |

| Check as directed in lines 17 and 21:                     |  |  |  |  |
|---|--|--|--|--|
| According to the calculations required by this Statement: |  |  |  |  |
|   | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |
|   | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |
|   | 3. The commitment period is 3 years.                                 |  |  |  |
|   | 4. The commitment period is 5 years.                                 |  |  |  |

☐ Check if this is an amended filing

# Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 1,180.16 0.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Debtor 1 19-21434-GLT Bonnie S. Veitz Case number (if known) Debtor 2 Column B Column A Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_ For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 1.280.85 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the 0.00 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 2.461.01 + \$ 0.00 2,461.01 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 2,461.01 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 Copy here=> 2.461.01 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 2.461.01 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 29,532.12 15b. The result is your current monthly income for the year for this part of the form.

Martin L. Veitz

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| Debto |       |  | n L. Veitz<br>ie S. Veitz  |                        | Case number (if known)                  | 19-21434-GLT          |                  |
|-------|-------|--|--|------------------------|---|-----------------------|------------------|
| 16.   | Calc  | ulate t  | he median family income that applies to y  | ou. Follow these ste   | ps:                                     |                       |                  |
|       | 16a.  | Fill in t  | he state in which you live.  | PA                     |   |                       |                  |
|       | 16b.  | Fill in t  | he number of people in your household.   | 2                      |   |                       |                  |
|       | 16c.  | Fill in tl   | -<br>he median family income for your state and s  | size of household.     |   | \$                    | 66,649.00        |
|       |       |  | I a list of applicable median income amounts tions for this form. This list may also be avail  |                        | link specified in the separate          | ·····                 |                  |
| 17.   | How   |  | e lines compare?   | able at the bankrupt   | by cierk's office.                      |                       |                  |
|       | 17a.  |  | Line 15b is less than or equal to line 16c. O<br>11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N   |                        |   |                       |                  |
|       | 17b.  |  | Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calcu</b> your current monthly income from line 14 at | lation of Your Disp    |   |                       |                  |
| Part  | 3:    | Calc   | ulate Your Commitment Period Under 11 U  | J.S.C. § 1325(b)(4)    |   |                       |                  |
| 18.   | Сор   | y your   | total average monthly income from line 1   | 1.                     |   | \$                    | 2,461.01         |
| 19.   | cont  | end tha  | marital adjustment if it applies. If you are to calculating the commitment period under 17 come, copy the amount from line 13.               | married, your spouse   | e is not filing with you, and you       |                       | <u> </u>         |
|       | •     |  | narital adjustment does not apply, fill in 0 on  | line 19a.              |   | <b>-</b> \$           | 0.00             |
|       |       |  |  |                        |   |                       |                  |
|       | 19b.  | Subtra   | act line 19a from line 18.   |                        |   | \$                    | 2,461.01         |
| 20.   | Calc  | ulate y  | our current monthly income for the year.   | Follow these steps:    |   |                       |                  |
|       | 20a.  | Copy I   | ine 19b  |                        |   | \$_                   | 2,461.01         |
|       |       | Multipl  | y by 12 (the number of months in a year).  |                        |   | )                     | <b>x</b> 12      |
|       |       |  |  |                        |   |                       |                  |
|       | 20b.  | 20b. The result is your current monthly income for the year for this part of the form  |  |                        |   | \$_                   | 29,532.12        |
|       |       |  |  |                        |   |                       |                  |
|       |       |  |  |                        |   |                       |                  |
|       | 20c.  | Copy t   | he median family income for your state and s   | size of household fro  | m line 16c                              | \$_                   | 66,649.00        |
|       | 21.   | How d  | o the lines compare?   |                        |   |                       |                  |
|       |       | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4. |  |                        |   |                       |                  |
|       |       |  | ine 20b is more than or equal to line 20c. Unlommitment period is 5 years. Go to Part 4.   | less otherwise ordere  | ed by the court, on the top of pag      | ge 1 of this form, cl | neck box 4, The  |
| Part  | 4:    | Sign   | Below  |                        |   |                       |                  |
|       | By s  | igning h   | nere, under penalty of perjury I declare that the  | ne information on this | statement and in any attachme           | ents is true and cor  | rect.            |
| Х     | /s/   | Martir   | n L. Veitz   | X                      | /s/ Bonnie S. Veitz                     |                       |                  |
| - '   | Ма    | rtin L.  | Veitz  | <del></del>            | Bonnie S. Veitz                         |                       |                  |
|       | ·     |  | of Debtor 1  13, 2019  |                        | Signature of Debtor 2 Date May 13, 2019 |                       |                  |
|       | Daie  |  | DD / YYYY  | !                      | MM / DD / YYYY                          |                       |                  |
|       | If yo | u check  | xed 17a, do NOT fill out or file Form 122C-2.  |                        |   |                       |                  |
|       | If yo | u check  | ed 17b, fill out Form 122C-2 and file it with the  | nis form. On line 39 o | of that form, copy your current m       | onthly income from    | n line 14 above. |

Martin L. Veitz

Debtor 1 Debtor 2 Martin L. Veitz Bonnie S. Veitz

Case number (if known)

19-21434-GLT

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 10/01/2018 to 03/31/2019.

### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Rochester Manor

Income by Month:

| 6 Months Ago: | 10/2018            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2018            | \$1,032.51 |
| 4 Months Ago: | 12/2018            | \$1,082.82 |
| 3 Months Ago: | 01/2019            | \$1,533.44 |
| 2 Months Ago: | 02/2019            | \$1,301.57 |
| Last Month:   | 03/2019            | \$2,130.63 |
|               | Average per month: | \$1,180.16 |

#### Line 9 - Pension and retirement income

Source of Income: Commonwealth of PA

Income by Month:

| 6 Months Ago: | 10/2018            | \$1,280.85 |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2018            | \$1,280.85 |
| 4 Months Ago: | 12/2018            | \$1,280.85 |
| 3 Months Ago: | 01/2019            | \$1,280.85 |
| 2 Months Ago: | 02/2019            | \$1,280.85 |
| Last Month:   | 03/2019            | \$1,280.85 |
|               | Average per month: | \$1,280.85 |

### Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

| 6 Months Ago: | 10/2018            | \$1,230.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2018            | \$1,230.00 |
| 4 Months Ago: | 12/2018            | \$1,230.00 |
| 3 Months Ago: | 01/2019            | \$1,264.50 |
| 2 Months Ago: | 02/2019            | \$1,264.50 |
| Last Month:   | 03/2019            | \$1,264.50 |
|               | Average per month: | \$1,247.25 |

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Debtor 1 Debtor 2 Bonnie S. Veitz Case number (if known) 19-21434-GLT

### **Current Monthly Income Details for the Debtor's Spouse**

### **Spouse Income Details:**

Income for the Period 10/01/2018 to 03/31/2019.

### Non-CMI - Social Security Act Income

Source of Income: Social Security

Income by Month:

| 6 Months Ago: | 10/2018            | \$508.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 11/2018            | \$508.00 |
| 4 Months Ago: | 12/2018            | \$508.00 |
| 3 Months Ago: | 01/2019            | \$523.10 |
| 2 Months Ago: | 02/2019            | \$523.10 |
| Last Month:   | 03/2019            | \$523.10 |
|               | Average per month: | \$515.55 |

#### Non-CMI - Social Security Act Income

Source of Income: Social Security Survivor Benefits

Income by Month:

| 6 Months Ago: | 10/2018            | \$108.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 11/2018            | \$108.00 |
| 4 Months Ago: | 12/2018            | \$108.00 |
| 3 Months Ago: | 01/2019            | \$111.40 |
| 2 Months Ago: | 02/2019            | \$111.40 |
| Last Month:   | 03/2019            | \$111.40 |
|               | Average per month: | \$109.70 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter  | 7:    | Liquidation        |
|----------|-------|--------------------|
| (        | \$245 | filing fee         |
|          | \$75  | administrative fee |
| <u>+</u> | \$15  | trustee surcharge  |
| (        | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-21434-GLT Doc 19 Filed 05/13/19 Entered 05/13/19 19:49:46 Desc Main Page 50 of 52 Document

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Western District of Pennsylvania

| In re | Martin L. Veitz<br>Bonnie S. Veitz |           | Case No. | 19-21434-GLT |
|-------|------------------------------------|-----------|----------|--------------|
|       |                                    | Debtor(s) | Chapter  | 13           |
|       |                                    |           |          |              |

|    | Debtor(s) Chapter 13   |         |  |  |
|----|--|---------|--|--|
|    | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)   |         |  |  |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  | or to   |  |  |
|    | For legal services, I have agreed to accept \$ 4,000.00  |         |  |  |
|    | Prior to the filing of this statement I have received \$ 0.00  |         |  |  |
|    | Balance Due \$ <b>4,000.00</b>   |         |  |  |
| 2. | The source of the compensation paid to me was:   |         |  |  |
|    | ■ Debtor □ Other (specify):  |         |  |  |
| 3. | The source of compensation to be paid to me is:  |         |  |  |
|    | ■ Debtor □ Other (specify):  |         |  |  |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law   | / firm. |  |  |
|    | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.  | . A     |  |  |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |         |  |  |
|    | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed] Initial Consultation, preparation of the necessary documentation for a bankruptcy petition including all schedules, Means Test calculations, and statements of financial affairs, explanation of all documents, representation at one (1) Section 341 Meeting of Creditors, creditor communication, client questions, and fol up with Client through discharge.</li> </ul> | low     |  |  |

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Returned check, non-sufficient funds, or related bank fees; preparing and filing a Suggestion of Bankruptcy for pending lawsuits; reaffirmation agreements; amended schedules; continuation of the initial 341 Meeting of Creditors and additional 341 Meeting appearances; representation for issues found in more complex bankruptcy cases such as: disputes with the Trustee, Section 707(b) inquiries by the U.S. Trustee, Contempt Motions, Responses to Motions for Relief from the Automatic Stay, Objections to Plans, Complaints to Determine Dischargeability, Objections to Discharge, and any others; Motions to Avoid Liens; Negotiations with creditors regarding reaffirmation agreements and lowering the total balance of a debt, interest rate, or payments; Preparation of court documents required to sell Client's home, if required, or hearings thereon; Negotiations with utility companies to lower Client's monthly payments or resolve a security deposit through a payment plan; Preparation of Client's taxes or obtaining tax transcripts; Recovery of a preferential transfer; Conversion of Client's case to another Chapter of the Bankruptcy Code; Fair Debt Collection Practices Act claims; Matters not directly connected to Client's bankruptcy case, including representation in suits involving creditor's claims in state court or the sale of property; Obtaining approval for personal injury settlements or dealing in matters wherein a personal injury case is involved with another attorney; Arranging/contracting for utility service for you or your family with any utility company including but not limited to electrical, telephone, cable or cell phone service; Negotiating fair market value, a reduction in mortgage principal or for a reduction or forgiveness of interest, principal, attorney's fees or costs on default of a mortgage or note; other filing fees that become necessary and other costs that become necessary, including, but not limited to, subpoena costs, expert witness fees, transcript costs, excessive copying costs, tolls, postage, mileage assessed at 50 cents per mile, and parking; Time extensions; Stay violations; Objections to claims; Mortgage lien-stripping; Lien stripping of vehicles; Recovering other property, including seized/frozen bank/asset accounts; Creditor notice address researching; Post-discharge services; Rush services; Any appeal, or retrial, unless specifically quoted.

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|-------|------------------------------------|----------|--------------|
|       | Debtor(s)                          | _        |              |

## **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

|   | CERTIFICATION                  |  |  |
|---|--------------------------------|--|--|
| I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. |                                |  |  |
| May 13, 2019  | /s/ Mark G. Moynihan           |  |  |
| Date  | Mark G. Moynihan               |  |  |
|   | Signature of Attorney          |  |  |
|   | Moynihan Law, P.C.             |  |  |
|   | 2 Chatham Center Suite 230     |  |  |
|   | Pittsburgh, PA 15219           |  |  |
|   | 412-889-8535 Fax: 800-997-8192 |  |  |
|   | mark@moynihanlaw.net           |  |  |
|   | Name of law firm               |  |  |

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# United States Bankruptcy Court Western District of Pennsylvania

| In re | Martin L. Veitz<br>Bonnie S. Veitz |           | Case No. | 19-21434-GLT |
|-------|------------------------------------|-----------|----------|--------------|
|       |                                    | Debtor(s) | Chapter  | 13           |
|       |                                    |           |          |              |

# **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

| Date: | May 13, 2019 | /s/ Martin L. Veitz |
|-------|--------------|---------------------|
|       |              | Martin L. Veitz     |
|       |              | Signature of Debtor |
| Date: | May 13, 2019 | /s/ Bonnie S. Veitz |
|       |              | Bonnie S. Veitz     |
|       |              | Signature of Debtor |